

Pre-Tax Payroll Deduction and Withholding Statement

Employer Name: _____

Employee Name: _____

Employee ID/SSN: _____

Pay Period Start: _____

Pay Period End: _____

Check Date: _____

Filing Status: _____

GROSS EARNINGS

Earnings Description	Amount
Regular Earnings	
Overtime / Other Earnings	
Total Gross Pay (A)	

PRE-TAX DEDUCTIONS (IRC SECTION 125 & RETIREMENT)

Deduction Description	Amount
Medical Insurance Premium	
Dental Insurance Premium	
Vision Insurance Premium	
Health Savings Account (HSA) Contribution	
Flexible Spending Account (FSA) - Medical	
Dependent Care FSA	
401(k) / 403(b) Retirement Contribution	
Other Pre-Tax Deduction:	
Total Pre-Tax Deductions (B)	

ADJUSTED TAXABLE WAGES

Adjusted Gross Taxable Income (A - B)	
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TAX WITHHOLDINGS (BASED ON ADJUSTED GROSS)

Withholding Tax Description	Amount
Federal Income Tax Withholding (FIT)	

Withholding Tax Description	Amount
Social Security Tax Withholding (FICA-OASDI)	
Medicare Tax Withholding (FICA-MED)	
State Income Tax Withholding (SIT)	
Local / City Income Tax Withholding	
State Disability / Paid Family Leave (SDI/PFL)	
Total Tax Withholdings (C)	

NET PAY CALCULATION

Net Take-Home Pay (A - B - C)	
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Employee Signature

Date: _____

Payroll Administrator Signature

Date: _____

This document serves as an official record of pre-tax deductions and tax withholdings. Please retain this statement for your tax and personal financial records.