

# STATEMENT OF AFTER-TAX INCOME

## Employer Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

EIN/Tax ID: \_\_\_\_\_

## Employee Details

Name: \_\_\_\_\_

ID/SSN: \_\_\_\_\_

Period: \_\_\_\_\_

## 1. Gross Earnings

Description	Amount
Base Salary / Wages	
Overtime / Bonuses	
Other Taxable Income	
<b>Total Gross Earnings (A)</b>	

## 2. Tax Deductions (Withholdings)

Description	Amount
Federal Income Tax	
State Income Tax	
Local / Municipal Tax	
FICA (Social Security)	
Medicare	
<b>Total Tax Deductions (B)</b>	

## 3. Post-Tax Deductions & Adjustments

Description	Amount
Post-Tax Retirement Contributions	
Insurance Premiums (Post-Tax)	
Other Post-Tax Deductions	
<b>Total Post-Tax Deductions (C)</b>	

**4. Summary of After-Tax Income**

<b>Gross Earnings (A)</b>
<b>Less: Total Tax Deductions (B)</b>
<b>Less: Total Post-Tax Deductions (C)</b>
<b>Net After-Tax Income (A - B - C)</b>

\_\_\_\_\_

Authorized Employer Signature

Date: \_\_\_\_\_

\_\_\_\_\_

Employee Signature

Date: \_\_\_\_\_