

ANNUAL EARNINGS STATEMENT

Yearly Compensation & Earnings Report

Employer: _____ **Statement Year:** _____

Employee Name: _____ **Employee ID:** _____

Job Title: _____ **Department:** _____

Earnings Category	Amount
Base Salary / Wages	
Bonuses	
Commissions	
Overtime Pay	
Other Compensation (Allowances, Stipends)	
Total Gross Earnings	

Deductions & Taxes	Amount
Federal/National Income Tax Withheld	
State/Local Income Tax Withheld	
Social Security / Pension Deductions	
Health & Insurance Benefits Deductions	
Other Deductions	
Total Deductions	

Net Annual Earnings	
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Authorized Employer Signature

Date: _____

Employee Signature (Acknowledgment)

Date: _____