

EMPLOYER:

ADDRESS:

EN:

ANNUAL CUMULATIVE EARNINGS STATEMENT

TAX YEAR:

EMPLOYEE NAME:

ADDRESS:

SSN / TAX ID:

EMPLOYEE ID:

STATEMENT DATE:

PERIOD COVERED:

EARNINGS SUMMARY

DESCRIPTION	CURRENT PERIOD	CUMULATIVE / YTD
Regular Hours Pay		
Overtime Pay		
Bonuses		
Commissions		
Other Earnings / Allowances		
Total Gross Earnings		

DEDUCTIONS & TAXES

DESCRIPTION	CURRENT PERIOD	CUMULATIVE / YTD
Federal Income Tax		
State / Local Tax		
Social Security / FICA		
Medicare		
Retirement / 401(k)		
Health Insurance		
Other Post-Tax Deductions		
Total Deductions		

NET PAY CALCULATION

Net Pay (Gross less Deductions)
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AUTHORIZED SIGNATURE

DATE