ANNUAL MEDICARE TAX PAYROLL SUMMARY

Medicare Tax Withholding Statement

Company Name: _____ **Tax Year:** _____

EIN: _____ **Date Prepared:** _____

Employee Name	SSN (Last 4)	Total Gross Wages	Medicare Taxable Wages	Employee Medicare Withheld (1.45%)	Additional Medicare Withheld (0.9%)	Employer Share (1.45%)
Total Summary						

Notes & Adjustments:

Prepared By: _____ **Approved By:** _____

Date: _____ **Date:** _____