

ANNUAL EARNINGS STATEMENT

Year: _____

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____

SSN / Tax ID: _____

Address: _____

STATEMENT PERIOD

Start Date: _____

End Date: _____

Issue Date: _____

Payment Method: _____

EARNINGS DESCRIPTION	RATE	HOURS / UNITS	CURRENT PERIOD	YEAR-TO-DATE (YTD)
Regular Pay				
Overtime Pay				
Bonus / Commission				
Paid Time Off (PTO)				
Statutory & Voluntary Deductions				
Federal Income Tax				
State Income Tax				
Social Security / FICA				
Medicare				
Health Insurance (Pre-tax)				
Retirement / 401(k)				

Gross Earnings YTD

Total Taxes YTD

Total Deductions YTD

Net Pay YTD

Employer Authorized Signature

Employee Signature (Acknowledgment)