

PAYROLL DEDUCTION DOCUMENT

Document ID: _____

Date: _____

EMPLOYER INFORMATION

Company Name:

Employer Tax ID:

Address:

EMPLOYEE INFORMATION

Employee Name:

Employee ID / SSN:

Pay Period:

EARNINGS DESCRIPTION

AMOUNT

Basic Salary / Wages

Overtime / Double Time

Allowances

Bonuses / Commissions

Gross Earnings (A)

STATUTORY DEDUCTIONS (COMPLIANCE)

AMOUNT

Federal Income Tax Withholding

State / Local Income Tax

Social Security Tax / National Pension Contribution

Medicare Tax / Public Health Insurance

Statutory Disability Insurance

Unemployment Insurance / Other Statutory Levies

Total Statutory Deductions (B)

VOLUNTARY & OTHER DEDUCTIONS (NON-STATUTORY)

AMOUNT

Private Pension / Retirement Fund (401k, etc.)

Private Health / Dental Insurance

Union Dues

Total Voluntary Deductions (C)

Gross Earnings (A)

Total Deductions (B + C)

Net Pay (A - Deductions)

PREPARED BY (AUTHORIZED PAYROLL OFFICER)

ACKNOWLEDGED BY (EMPLOYEE)