EMPLOYER MEDICARE TAX LIABILITY LEDGER

Account No: Medicare Tax Payable (1.45%)

Company Name:

Tax Period / Year:

EIN:

Prepared By:

DATE	REF / PAY NO	EMPLOYEE NAME	GROSS WAGES	TAXABLE MEDICARE WAGES	EMPLOYER SHARE (1.45%)	EMPLOYEE SHARE (1.45%)	TOTAL MEDICARE LIABILITY	PAYMENTS / DEPOSITS	BALANCE DUE
		Total:							

Authorized Signature

Date