

MONTHLY TAXABLE INCOME STATEMENT

STATEMENT PERIOD:

TAXPAYER NAME:

TAX IDENTIFICATION NO:

EMPLOYMENT STATUS:

EMPLOYER NAME:

EMPLOYER REGISTRATION NO:

PAY PERIOD ENDING:

1. GROSS EARNINGS / REVENUE	AMOUNT
Basic Salary / Wages	
Overtime Pay	
Bonuses and Gratuities	
Allowances (Housing, Transport, etc.)	
Commissions & Fees	
Other Taxable Benefits	
Total Gross Income (A)	

2. PRE-TAX DEDUCTIONS & EXEMPTIONS	AMOUNT
Pension / Retirement Contributions (Pre-Tax)	
Health Insurance Premium (Pre-Tax)	
Social Security / National Insurance Contributions	
Other Approved Tax-Exempt Deductions	
Total Deductions / Exemptions (B)	

3. TAXABLE INCOME CALCULATION	AMOUNT
Net Monthly Taxable Income (A - B)	
Estimated Income Tax Withheld / Payable	

EMPLOYEE SIGNATURE

Date:

AUTHORIZED EMPLOYER REPRESENTATIVE

Date: