PAYROLL MEDICARE TAX LIABILITY LEDGER

Medicare Tax Payable (Account No: _____)

Company Name:

Tax Year / Period:

Employer Tax Rate:

Employee Tax Rate:

DATE	PAY PERIOD ENDING	REF / CHECK #	GROSS WAGES SUBJECT TO MEDICARE	TAX LIABILITIES (CREDIT)			PAYMENTS / DEPOSITS (DEBIT)		BALANCE DUE
				EMPLOYEE SHARE	EMPLOYER SHARE	ADDITIONAL MEDICARE	PAYMENT DATE	AMOUNT PAID	
		Totals:							

Prepared By / Date

Approved By / Date