

TAXABLE EARNINGS STATEMENT

TAX YEAR: _____

EMPLOYEE NAME: _____	TAX ID / SSN: _____
EMPLOYEE ID: _____	STATEMENT PERIOD: _____
ADDRESS: _____	JOB TITLE: _____

EARNINGS CATEGORY	CURRENT PERIOD	YEAR-TO-DATE (YTD)
Gross Wages / Salary		
Bonuses & Commissions		
Overtime Pay		
Taxable Benefits / Allowances		
Other Taxable Compensation		
Total Gross Earnings		

PRE-TAX DEDUCTIONS & ADJUSTMENTS	CURRENT PERIOD	YEAR-TO-DATE (YTD)
Pre-Tax Health Insurance		
Retirement Contributions (e.g., 401k)		
Flexible Spending Accounts (FSA/HSA)		
Other Pre-Tax Adjustments		
Total Pre-Tax Deductions		

TOTAL GROSS EARNINGS: _____
LESS: PRE-TAX DEDUCTIONS: _____
TOTAL TAXABLE EARNINGS: _____

DATE