QUARTERLY STATE INCOME TAX WITHHOLDING LEDGER

State of Withholding: _____

EMPLOYER NAME:
CALENDAR YEAR:
FEDERAL EIN:
QUARTER:
STATE TAX ID:
REPORT PERIOD:

PAY DATE	EMPLOYEE NAME	SSN (LAST 4)	GROSS WAGES THIS PERIOD	STATE SUBJECT WAGES	STATE INCOME TAX WITHHELD
		Quarterly Totals:			

RECORD OF STATE TAX DEPOSITS / PAYMENTS

DEPOSIT DATE	PAYMENT METHOD / REF NO.	TAX AGENCY / BANK RECEIVED	AMOUNT PAID
		Total Deposits Paid:	

Prepared By (Signature) Date

Approved By (Signature) Date