

Year to Date Cumulative Earnings Statement

Employer Name: _____
Address: _____
City/State/Zip: _____
Federal EIN: _____
Employee Name: _____
Employee ID: _____
SSN (Last 4): _____
Period End Date: _____
Payment Date: _____

EARNINGS DESCRIPTION	RATE	HOURS / UNITS	CURRENT AMOUNT	YTD AMOUNT
Regular				
Overtime				
Bonus				
Commission				
Other				
Total Gross Earnings				

DEDUCTIONS & TAXES	CURRENT AMOUNT	YTD AMOUNT
Federal Income Tax		
Social Security Tax		
Medicare Tax		
State Income Tax		
Local Income Tax		
Pre-Tax Health Insurance		
Retirement Plan (401k)		
Other Deductions		
Total Deductions		

Current Net Pay	
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YTD Net Pay	
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