

INDEPENDENT CONTRACTOR COMMISSION PAYROLL

Statement of Earnings

Company Name:

Contractor Name:

Tax ID / SSN:

Pay Period Start:

Pay Period End:

Payment Date:

Date	Invoice / Ref #	Client / Project	Sale Amount	Rate (%)	Commission

Total Sales Volume:

Gross Commission:

Adjustments / Draw:

Net Commission

Pay:

Contractor Signature

Date:

Authorized Approver Signature

Date: