STATE INCOME TAX WITHHOLDING JOURNAL

Payroll Period Tax Record & Reconciliation

COMPANY NAME:

STATE FOR WITHHOLDING:

FEDERAL EIN:

STATE TAX ID NUMBER:

PAY PERIOD START DATE:

PAY PERIOD END DATE:

CHECK / PAY DATE:

JOURNAL NUMBER:

EMPLOYEE ID	EMPLOYEE NAME	STATE FILING STATUS	STATE EXEMPTIONS	GROSS WAGES THIS PERIOD	STATE TAXABLE WAGES	STATE INCOME TAX (SIT) WITHHELD	STATE DISABILITY / FLI WITHHELD	TOTAL STATE TAX WITHHELD
			Total:					

Prepared By (Payroll Specialist)

Signature: _____ Date: _____

Approved By (Authorized Signatory)

Signature: _____ Date: _____