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EARNINGS STATEMENT

PAY PERIOD START	PAY PERIOD END	PAY DATE	CHECK / ADVICE NO.	PAY FREQUENCY

EMPLOYER

Business _____

Address _____

Phone / EIN _____

EMPLOYEE

Name _____

Address _____

ID / SSN last 4 _____

Earnings

Earning	Hours	Rate	Current	Year to date
Regular				
Overtime (1.5x)				
Holiday / PTO				
Bonus / commission				
Other				

Gross pay	
Gross pay YTD	

Deductions

Deduction	Pre-tax	Current	Year to date
Federal income tax	❑		
State income tax	❑		
Local / city tax	❑		
Social Security (6.2%)	❑		
Medicare (1.45%)	❑		
Health insurance	❑		
Retirement (401k / 403b)	❑		
Other (garnishment, union, etc.)	❑		

Total deductions	
Net pay	
Deductions YTD	
Net pay YTD	

Filing status / W-4 _____ PTO balance (h) _____ Sick balance (h) _____

Keep this statement for your records. Questions about your pay should go to payroll within 30 days of the pay date.