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EARNINGS STATEMENT

Direct deposit advice

PAY PERIOD	PAY DATE	ADVICE NO.	ANNUAL SALARY

EMPLOYER

Business _____

Address _____

Phone / EIN _____

EMPLOYEE

Name _____

Address _____

ID / SSN last 4 _____

Earnings

Earning	Current	Year to date	Notes
Salary			
Bonus			
Reimbursement (non-taxable)			
Other			

Gross pay	
Gross pay YTD	

Taxes and deductions

Item	Employee current	Employee YTD	Employer paid	Pre-tax
Federal income tax				☐
State income tax				☐
Social Security				☐
Medicare				☐
Health / dental / vision				☐
Retirement plan				☐
Other				☐

Total deductions	
Net pay	
Employer contributions	

Deposited to (bank) _____ Account (last 4) _____ Deposit amount _____

Vacation balance (h) _____ Sick balance (h) _____ Filing status _____