

EARNINGS STATEMENT

Employee: _____

Number: _____

Social Security #: _____

Period from: _____

to: _____

PAYMENTS:	# HOURS	RATE	TOTAL
-----------	---------	------	-------

Regular Hours: _____

Overtime Hours: _____

Vacation: _____

TOTAL EARNED: _____

DEDUCTIONS

Social Security (FICA): _____

Federal Withholding Tax: _____

State Withholding Tax: _____

Local Withholding Tax: _____

TOTAL DEDUCTIONS: _____

TOTAL NET PAY: _____

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