

EMPLOYEE EARNINGS RECORD

NAME (LAST)	FIRST	MIDDLE	EMP ID#	# EXEMPTIONS	SOCIAL SECURITY #
ADDRESS			CITY	STATE	ZIP

QUARTER	RATE		EARNINGS		TAXES		DEDUCTIONS		DATE EMPLOYED
	REGULAR	O.T.	REGULAR	O.T.	FICA	W.H.	FICA	W.H.	
PAY PERIOD	HOURS WORKED		EARNINGS		TAXES		DEDUCTIONS		NET PAY
	REGULAR	O.T.	REGULAR	O.T.	TOTAL	FICA	W.H.	TOTAL	
QUARTER _____	TOTAL								