

Statement of Earnings

Name _____

Soc. Sec. Acct. No. _____

Period: From _____ 20____ To _____ 20____

Total Earnings \$ _____

Deductions

Social Security		
Medicare		
F.I.C.A. Total:		
Federal Withholding Tax		
State Withholding Tax		
Unemployment Insurance		
Other		

Total Deductions \$ _____

Net Amount Paid \$ _____

Employer _____