

# Payroll Earnings Record

Year: \_\_\_\_\_

\*\*\*Please provide payroll summary printout, if applicable.

Employer Name: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employee Name: \_\_\_\_\_  Dependent Wages

Social Security Number: \_\_\_\_\_ Dependent DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Office Use

Month	Gross	Medicare 1.45%	SS 6.20%	Federal W/H	State W/H	Net Paid	Liability
Jan							
Feb							
March							
April							
May							
June							
July							
Aug							
Sept							
Oct							
Nov							
Dec							
<b>Total</b>							

