

COMPANY

Earnings Statement

Period Beginning:

Period Ending:

Pay Date:

EMPLOYEE

ADDRESS

SOCIAL SECURITY NO.

XXX-XX-XXXX

PAY RATE

regular

overtime

EARNINGS

HOURS

AMOUNT

Regular

Overtime

DEDUCTIONS

AMOUNT

Federal W/H

Medical Insurance

Medicare

State W/H

State DI

401k

GROSS EARNINGS:

TOTAL DEDUCTED:

NET EARNINGS:

SICK LEAVE:

HOURS AVAILABLE