

EMPLOYEE EARNINGS RECORD

Year _____

Employee's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Social Security Number: _____

Number of Exemptions: (FED) _____ (STATE) _____

Additional Withholding: (FED) _____ (STATE) _____

Payroll Period Ending	Total Hours	Gross Wages	Withholdings				Net Pay
			FICA	Federal Tax	State Tax	Other:	
J							
A							
N							
Monthly Total							
F							
E							
B							
Monthly Total							
M							
A							
R							
Monthly Total							
Quarterly Total							
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Monthly Total							
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Y							
Monthly Total							
J							
U							
N							
Monthly Total							
Quarter Total							
Year to Date Total							

Payroll Period Ending	Total Hours	Gross Wages	Withholdings				Net Pay
			FICA	Federal Tax	State Tax	Other:	
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Monthly Total							
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C							
Monthly Total							
Quarter Total							
Year to Date Total							

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Quarter Total							
Year to Date Total							