

Statement of Earnings

Name of employee: _____

Name of employer: _____
 Employer business registry or
 identification number: _____

Employer's address: _____

Employers telephone: _____ Date of statement/payment: _____

	Pay period: From: _____	To: _____	
Total hours worked in period: _____	Overtime hours: _____		
Basis of payment: \$ _____ per <input type="checkbox"/> hour; <input type="checkbox"/> piece; <input type="checkbox"/> other _____			
<u>EARNINGS:</u>	_____ X _____	= \$ _____	
	<small>(Total hours, pieces, etc.)</small>	<small>(Rate of pay)</small>	
	<small>(List earnings for each payment type separately)</small>		
<u>OVERTIME:</u>	_____ X _____	= \$ _____	
<small>(If applicable)</small>	<small>(Overtime hours)</small>	<small>(Rate)</small>	
TOTAL GROSS WAGES		= \$ _____	
<u>DEDUCTIONS</u>	<u>AMOUNT</u>		
Federal Tax	\$ _____		
State Tax	_____		
FICA	_____		
Medical Insurance, if provided	_____		
Dental Insurance, if provided	_____		
Other Deductions (specify)	_____		
_____	_____		
LESS TOTAL DEDUCTIONS		- \$ _____	
TOTAL WAGES PAID (NET PAY)		= \$ _____	

Check here worker is being paid for work done on Federal Service Contract Act project or other work requiring payment of a prevailing rate of wage, and specify classification and pay rate below:

Employee's work classification: _____ Hourly Rate of Pay: \$ _____