

Payroll Earnings Worksheet

Year: _____

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

Employer Name: _____ Email Address: _____

Telephone #: _____ Federal ID#: _____ WI Tax ID#: _____

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							
Total							

