

Employer Prepared Earnings Statement

Employee Name: _____

Employee Social Security Number (SSN): _____

Please complete the Earnings Evidence table below, listing each pay period on each line separately.

Beginning Pay Period Date	Ending Pay Period Date	Pay Date	Hours Worked	Hourly Rate	Withholding Amount	Total Gross Earnings	Year-to-date Gross Earnings

Employer Representative Name: _____

Title: _____

Employer Name: _____

Employer Address: _____

By checking this box and signing below, the employer attests that all withholdings required by law have been made from this employee's earnings.

Signature: _____ Date: _____