



## 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: \_\_\_\_\_