

TAX BALANCE INFORMATION

Employee #: _____ of _____

Check for **Year to Date Company Totals**

Employee Number: _____

Current Terminated: _____ (DATE)

Employee Name: _____

SS#: _____

QUARTER	FIRST January 1 – March 31	SECOND April 1 – June 30	THIRD July 1 – September 30	FOURTH October 1 – December 31	YEAR-TO-DATE
GROSS					
Wages					
TAXES					
Social Security					
Medicare					
Federal					
State (_____)					
VOLUNTARY DEDUCTIONS:					
401 K					
Child Care					
Child Support					
NET PAY					