**Business Enterprises Program-Payroll and Earnings Statement**

|  |  |
| --- | --- |
| **Employer** |  |
| **Employee Name** |  | **Employee Number** |  |
| **Salary For The Period:** |
| **Beginning** |  | **Ending** |  |
| **Earnings** |
|  | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Total Hours** | **Rate Per Hour** | **Total** |
| **Regular Hours Worked** |  |  |  |  |  |  |  |  |  |  |  |
| **Overtime Hours** |  |  |  |  |  |  |  |  |  |  |  |
| **Non Cash Compensation** |  |  |
| **Other Amounts Due – Commission, Special Allowances Etc.** |  |  |
| **Total Wages Or Salary** |  |  |
| **Gratuity / Tips Received directly By The Employee** |  |  |
| **Total Earnings** |  |  |
| **Tax Deductions** |
| **FICA** |  |  |
| **Federal Income Tax Withheld** |  |  |
| **State Income Tax Withheld** |  |  |
| **Medicare** |  |  |
|  |  |  |
| **Less total Tax deductions** |  |  |
| **Net earnings after deductions** |  |  |
| **Other Deductions** |
| **Non Cash Compensation.** |  |  |
| **Gratuity / Tips Received directly By The Employee** |  |  |
| **Total of all other deductions** |  |  |
| **Paid in Cash □ or Check □ or Account Transfer □ or other □ – Specify \_\_\_\_\_\_\_\_\_\_\_ Net Amount Due :** |  |  |

I certify the correctness of the above calculations and acknowledge the receipt of the net amount due to me.

**Employee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**