

Employment Income Withholding Statement

Employee Name:

Employee ID / Number:

Tax Identification Number (TIN):

Employer Name:

Employer Tax ID:

Tax Year: Pay Period:

Summary of Income and Withholding

Description	Amount (USD)
Total Gross Income	<input type="text"/>
Total Tax Withheld	<input type="text"/>
Other Deductions	<input type="text"/>
Net Pay	<input type="text"/>

Date Issued:

Authorized Signature:

Date: