Employee Statement of Benefits

Employee Name:

Earnings - Regular:
Earnings - Overtime:
Paid Time Off (PTO):
Bonus:
Other:

Gross Pay:

Insurance (Employer Paid Portion)

Employer Health:
Employer Disability:
Employer Life Insurance:
Employer Workers Comp:
Employer Unemployment Ins.:

Taxes (Employer Paid Portion)

Social Security Tax:
Medicare Tax:

Other Benefits

Profit Sharing:
Employee Treatments:

Total Employee Compensation: $