| **Northridge Pharmaceuticals** |
| --- |
| 7649F Diamond Hts Blvd |
| San Francisco |
| (415) 872-9214 |

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**STATEMENT OF MONTHLY INCOME**

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| --- |

| Employee Name | ${col0} |
| --- | --- |
| Employee ID | ${col1} |
| Social Security # | ${col2} |
| Pay Period | ${col3} |
| Department | ${col4} |
| Position/Grade | ${col5} |

|  |
| --- |

| **EARNINGS** | | | | | | **TAXES/DEDUCTIONS** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Basic Salary | | | | | ${col6} | Federal Tax | | | | | ${col7} |
| Bonuses | | | | | ${col8} | Social Security Tax | | | | | ${col9} |
|  |  |  |  |  |  | Medicare Tax | | | | | ${col10} |
|  |  |  |  |  |  | State Tax | | | | | ${col11} |
|  |  |  |  |  |  | Medical | | | | | ${col12} |
|  |  |  |  |  |  | Dental | | | | | ${col13} |
| **Total Earnings** | | | | | ${col14} | **Total Deductions** | | | | | ${col15} |
|  |  |  |  |  |  | **Net Pay** | | | | | ${col16} |

**Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_ Director: \_\_\_\_\_\_\_\_\_\_\_\_**