

**\*\*EMPLOYER WITHHOLDING TAX STATEMENT\*\***

**\*\*Employer Information:\*\***

- Employer Name: \_\_\_\_\_  
- Employer Address: \_\_\_\_\_  
- Employer Identification Number (EIN): \_\_\_\_\_  
- Tax Year: \_\_\_\_\_

**\*\*Employee Information:\*\***

- Employee Name: \_\_\_\_\_  
- Employee Address: \_\_\_\_\_  
- Social Security Number (SSN): \_\_\_\_\_

**\*\*Withholding Information:\*\***

Type of Income	Amount Earned	Federal Income Tax Withheld	State Income Tax Withheld	FICA Tax Withheld
Wages/Salaries	\$ _____	\$ _____		
Bonuses	\$ _____	\$ _____		
Overtime	\$ _____	\$ _____		
Other Compensation	\$ _____	\$ _____		

**\*\*Total Withholdings:\*\***

- Total Federal Income Tax Withheld: \$ \_\_\_\_\_  
- Total State Income Tax Withheld: \$ \_\_\_\_\_  
- Total FICA Tax Withheld: \$ \_\_\_\_\_

**\*\*Declaration:\*\***

I declare that the above information is true and correct to the best of my knowledge.

**\*\*Employer Signature: \_\_\_\_\_\*\***

**\*\*Date: \_\_\_\_\_\*\***

**\*\*Contact Information:\*\***

- Phone: \_\_\_\_\_  
- Email: \_\_\_\_\_

**\*\*Note:\*\*** This statement summarizes the withholding taxes for the tax year specified and is provided for the employee's records.