

# Payroll Deductions Breakdown Report

Report Period: \_\_\_\_\_ Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID	Employee Name	Gross Pay	Tax	Social Security	Health Insurance	Other Deductions	Total Deductions	Net Pay
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Totals:		_____	_____	_____	_____	_____	_____	_____

Signature: \_\_\_\_\_