

Payroll Department Tax Deduction Submission

Submission Date: _____

Employee Details

Employee Name: _____

Employee ID: _____

Department: _____

Tax Year: _____

Tax Deduction Information

Description	Amount (USD)	Supporting Document
Federal Tax	_____	_____
State Tax	_____	_____
Social Security	_____	_____
Medicare	_____	_____
Other (Specify):	_____	_____

Total Deductions: \$ _____

Employee Declaration

I hereby confirm that the above information is accurate and all supporting documents are attached.

Signature: _____ Date: _____

Important Notes

- Ensure all amounts are correct and match the attached documentation.
- This document must be signed by the employee before submission to Payroll Department.
- Keep a copy of this document for your personal records.
- Incorrect or incomplete forms may result in processing delays.