

# 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.