Payroll Check and Itemized Wage Statement

Fields carry every item in 29 CFR 516.2(a) that belongs on a statement, and all nine items in California Labor Code 226(a).

Check face

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[LEGAL ENTITY NAME]                                  Check No. [000000]
[STREET ADDRESS]
[CITY, STATE  ZIP]                                   Date  [MM/DD/YYYY]
[PHONE]

Pay to the order of  [EMPLOYEE FULL NAME]            $ [0,000.00]

[AMOUNT IN WORDS] — Dollars

Memo  [PAY PERIOD MM/DD/YYYY – MM/DD/YYYY]           _____________________
                                                     Authorized signature
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Employer

FED(1), CA(8). The legal entity name, not a trading name.

Field	Value
Legal entity name	[LEGAL ENTITY NAME]
Address	[STREET ADDRESS]
City, state, ZIP	[CITY, STATE ZIP]
Phone	[PHONE]
Employer identification number	[EIN]

Employee

CA(7). Last four digits only — never the full Social Security number. FED(2) home address and FED(3) date of birth belong in the employee file, not on the statement.

Field	Value
Name	[EMPLOYEE FULL NAME]
Employee ID	[EMPLOYEE ID]
SSN, last four digits only	[XXXX]
Department	[DEPARTMENT]
Job title	[JOB TITLE]

Pay period

CA(6), FED(12). Three separate dates, not a range.

Field	Value
Period start	[MM/DD/YYYY]
Period end	[MM/DD/YYYY]
Pay date	[MM/DD/YYYY]

Check or deposit reference	[000000]

Earnings

CA(9), FED(6)(7)(8)(9). ONE ROW PER RATE IN EFFECT during the period. A single blended rate does not satisfy CA(9). If a rate changed mid-period, that is two rows, each with its own hours.

Description	Rate	Hours or units	Current amount	Year to date
Regular	[$00.00]	[00.00]	[$0,000.00]	[$00,000.00]
Regular — second rate	[$00.00]	[00.00]	[$0,000.00]	[$00,000.00]
Overtime premium	[$00.00]	[00.00]	[$0,000.00]	[$00,000.00]
Double time	[$00.00]	[00.00]	[$0,000.00]	[$00,000.00]
Piece rate	[$00.00]	[000 units]	[$0,000.00]	[$00,000.00]
Bonus	—	—	[$0,000.00]	[$00,000.00]
Commission	—	—	[$0,000.00]	[$00,000.00]
Holiday	[$00.00]	[00.00]	[$0,000.00]	[$00,000.00]
Paid time off	[$00.00]	[00.00]	[$0,000.00]	[$00,000.00]
GROSS PAY		**[00.00] total hours**	**[$0,000.00]**	**[$00,000.00]**

Taxes withheld

CA(4), FED(10). Each one named.

Description	Current amount	Year to date
Federal income tax	[$000.00]	[$0,000.00]
Social Security	[$000.00]	[$0,000.00]
Medicare	[$000.00]	[$0,000.00]
State income tax — [STATE]	[$000.00]	[$0,000.00]
Local tax — [JURISDICTION]	[$000.00]	[$0,000.00]
TOTAL TAXES	**[$000.00]**	**[$0,000.00]**

Other deductions

CA(4) allows deductions made on the employee's written order to be aggregated into one item; everything else is named separately. A line labelled “other” is the line an employee will query.

Description	Type	Current amount	Year to date
[HEALTH INSURANCE]	Pre-tax	[$000.00]	[$0,000.00]
[RETIREMENT PLAN]	Pre-tax	[$000.00]	[$0,000.00]
[LIFE INSURANCE]	Post-tax	[$000.00]	[$0,000.00]
[UNION DUES]	Post-tax	[$000.00]	[$0,000.00]
[WAGE GARNISHMENT]	Involuntary	[$000.00]	[$0,000.00]
[ADD FURTHER ITEMS — NAME EACH ONE]		[$000.00]	[$0,000.00]
TOTAL OTHER DEDUCTIONS		**[$000.00]**	**[$0,000.00]**

Employer contributions

Not deducted from pay. Shown separately so they are never mistaken for a deduction.

Description	Current amount	Year to date
[EMPLOYER RETIREMENT MATCH]	[$000.00]	[$0,000.00]
[EMPLOYER HEALTH CONTRIBUTION]	[$000.00]	[$0,000.00]

Net pay

CA(1) gross and CA(5) net, FED(11). Net pay must equal the amount on the check face.

Field	Current amount	Year to date
Gross pay	[$0,000.00]	[$00,000.00]
Less total taxes	[$000.00]	[$0,000.00]
Less total other deductions	[$000.00]	[$0,000.00]
NET PAY	**[$0,000.00]**	**[$00,000.00]**
Payment method	[DIRECT DEPOSIT ••••0000 / CHECK No. 000000]	

Tipped employees — only if a tip credit is taken

29 CFR 516.28(a) requires four records beyond 516.2(a) for tipped employees. The tip credit per hour must also be reported to the employee IN WRITING each time it changes from the preceding week, which is a furnishing duty Part 516 does impose.

Field	Current period	Year to date
Tips reported by the employee	[$000.00]	[$0,000.00]
Tip credit claimed, per hour	[$0.00]	—
Hours in the tipped occupation	[00.00]	[000.00]
Hours in a non-tipped occupation	[00.00]	[000.00]
Straight-time earnings, tipped occupation	[$000.00]	[$0,000.00]
Straight-time earnings, non-tipped occupation	[$000.00]	[$0,000.00]

Leave balances

Not federally required and not in CA 226(a), but required by some local paid-sick-leave ordinances and expected by employees.

Type	Accrued	Used	Available
[PAID TIME OFF]	[00.00]	[00.00]	[00.00]
[SICK LEAVE]	[00.00]	[00.00]	[00.00]

Statement date [MM/DD/YYYY]. A copy of this statement is retained by the employer. Questions about this statement: [NAME, ROLE, EMAIL, PHONE].