

Agricultural Employer Wage Statement

Employer Information

Employer Name: _____ Pay Period Start Date: ___ / ___ / ___
 Employer Address: _____ Pay Period End Date: ___ / ___ / ___
 City: _____ State: _____ Zip: _____ Pay Date: ___ / ___ / ___
 Employer phone: (____) _____ - _____ FEIN: _____ - _____

Employee Information

Employee: _____
 Hours worked: _____ x Rate: _____ = Amount: _____
 OT Hours worked: _____ x OT Rate: _____ = Amount: _____

Piece Rates:

Hours worked: _____ x Piece rate: _____ = Amount: _____
 Units produced: _____ x Piece rate: _____ = Amount: _____

Total/Gross Wages*: _____

Deductions:

Medicare: - _____
 New York PFL: - _____
 Disability: - _____
 NY WC: - _____

Allowances:

Federal withholding: - _____
 Housing/Utilities: - _____
 Meals: - _____
 Payments in Kind (specify):
 _____ - _____
 _____ - _____

Other withholdings (specify):
 _____ - _____
 _____ - _____

Total deductions: - _____
 Net Wages** : = _____

* Total/gross wages divided by hours worked must equal or exceed the current minimum wage.
 ** Net Wages = Total/gross wages - Total deductions