

Wage Statement (pay stub): Required Information under Section 195.3

| | | | | | | | | | | |
|--|--------------|---------------|----------------|-----------------------|---------------|--------------------|--------------------|-------------------------|-----------------|-----------------------|
| 1. Employer name, address, and phone number | | | | | | | | | | |
| 2. Employee name | | | | | | | | | | |
| 3. Dates covered by payment | | | | | | | | | | |
| ABC Company, Inc. 1 Main Street Any town, NY 12000 Ph: 518-457-9000 Pay Period: 1/08/2017 - 1/14/2017 Pay Date: 1/17/2017 No: 0001 Employee: John Doe | | | | | | | | | | |
| 4. Basis of payment (hourly, salary, etc.) | Rate: Hourly | Hours Regular | Hours Overtime | Allowance/ Credit | Gross Current | Gross Year to Date | Deductions Current | Deductions Year to Date | Net Pay | Vacation Year to Date |
| 5. Rates paid (regular and overtime) | 9.70 | 40 | 5 | | 388.00 | 776.00 | | | | |
| | 14.55 | | | | 72.75 | 145.50 | | | | |
| 6. Hours worked (regular and overtime) | | | | | | | FICA | -33.36 | -66.72 | |
| | | | | | | | Fed WT | -44.80 | -89.60 | |
| | | | | | | | NY WT | -13.44 | -26.88 | |
| | | | | | | | Disability | -.60 | -1.20 | |
| | | | | | | | Garnishment | -35.00 | -70.00 | |
| 7. Allowances or Credits | | | | | | | | | | |
| | | | | Uniform pay | \$12.05 | 12.05 | | | | |
| | | | | Meals (3) | \$10.05 | 10.05 | | -10.05 | -20.10 | |
| 8. Gross wages | | | | | | | | | | |
| | | | | Vacation Hours Earned | .75 | | | | | 1.50 |
| 9. Any deductions from wages | | | | | 482.85 | 965.70 | | -137.25 | -274.50 | |
| 10. Net wages | | | | | | | | | \$345.60 | |

This sample wage statement shows the basic requirements under Section 195.3 for a non-exempt employee paid by the hour, covered by the Miscellaneous Wage Order. Please note that there may be additional requirements based upon the specific pay agreement and/or wage order coverage.