

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: 1/14/2018 - 1/20/2018 **Pay Date:** 1/23/2018 **No:** 0001

Employee: John Doe

	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
4. Basis of payment (hourly, salary, etc.)	10.40	40			416.00	832.00				
5. Rates paid (regular and overtime)	15.60		5		78.00	156.00				
6. Hours worked (regular and overtime)										
7. Allowances or Credits				Uniform pay Meals (3)	\$12.95 \$10.80	12.95 10.80	25.90 21.60			
							FICA Fed WT NY WT Disability Garnishment Paid Family Leave	-xxxx -xxxx -xxxx -xxxx -xxxx -.65	-xxxx -xxxx -xxxx -xxxx -xxxx -1.30	
8. Gross wages										
9. Any deductions from wages				Vacation Hours Earned	.75					1.50
10. Net wages					517.75	1035.50	-11.45	-22.90	\$506.30	

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.