

Household Payroll Invoice

Employee: [Nanny Name]

SSN/ITIN: [XXX-XX-XXXX]

Pay Period: [Date] to [Date]

Payment Date: [Date]

Employer EIN: [XX-XXXXXXXX]

EMPLOYER INFO

[Employer Name]

[Address]

[City, State, Zip]

Earnings Description	Rate	Hours/Units	Total
Regular Hours	\$0.00	0.00	\$0.00
Overtime Hours	\$0.00	0.00	\$0.00
Paid Time Off / Holiday	\$0.00	0.00	\$0.00
Gross Earnings			\$0.00

Statutory Tax Withholdings (Employee Share)	Amount
Federal Income Tax	(\$0.00)
Social Security (6.2%)	(\$0.00)
Medicare (1.45%)	(\$0.00)
State Income Tax / Disability / Paid Leave	(\$0.00)
Gross Earnings: \$0.00	
Total Withholdings: (\$0.00)	
Reimbursements (Non-Taxable): \$0.00	

NET PAY (Check Amount): \$0.00

EMPLOYER TAX LIABILITY (INFORMATIONAL ONLY)

Social Security (6.2%): \$0.00 | Medicare (1.45%): \$0.00 | FUTA (Federal Unemployment): \$0.00 | SUI (State Unemployment): \$0.00

This document serves as a record of wages paid and taxes withheld for compliance with Schedule H (Form 1040).