

Year End Salary/Benefit Review

Name: _____ Date: _____

Employed: _____

Annual Salary: _____

Well-Time Pay: _____

Vacation Pay: _____

Profit Sharing/Pension: _____

Tuition at Seminars: _____

Meals/Other Seminar Expense: _____

Uniform Allowance: _____

Social Security: _____

Dental Care (Self & Family): _____

Life Insurance: _____

Health Insurance: _____

Bonus: _____

Referrals: _____

TOTAL BENEFITS/SALARY TO DATE: _____