EMPLOYEE #   EMPLOYEE NAME   SSN

TYPE	PAY			TAXES WITHHELD	DEDUCTIONS	YEAR TO DATE
	RATE	HOURS	EARNINGS			
				F.I.C.A.		EARNINGS
				FEDERAL		F.I.C.A. W/H
				STATE		FED. W/H
						STATE W/H
						LOCAL W/H

PAY PERIOD		TOTAL	TOTAL	TOTAL	TOTAL	NET PAY

COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

Your Custom Logo Here

BANK NAME
CITY, STATE ZIP

ABA
FRACTION

000001

AMOUNT

PAY
TO THE
ORDER OF

COMPANY NAME

_____
_____

⑈00000⑈⑆ ⑆123456789⑆ 876543210⑈

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