COMPANY NAME CITY, STATE, ZIP

EMPLOYEE NO.	EMPLOYEE NAME	SOCIAL SECURITY NO.	PAY PERIOD ENDING	CHECK DATE

ITEM	RATE	HOURS	TOTAL	ITEM	THIS CHECK	YEAR TO DATE

HOURS WORKED	GROSS THIS PAY PERIOD	GROSS YEAR TO DATE	NET CHECK	CHECK NO.

Your Custom Logo Here

COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

BANK NAME
ADDRESS
CITY, STATE ZIP

ABA
FRACTION

000001

CHECK NO.   DATE   AMOUNT

PAY
TO THE
ORDER
OF

AUTHORIZED SIGNATURE

⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP

EMPLOYEE NO.	EMPLOYEE NAME	SOCIAL SECURITY NO.	PAY PERIOD ENDING	CHECK DATE

ITEM	RATE	HOURS	TOTAL	ITEM	THIS CHECK	YEAR TO DATE

HOURS WORKED	GROSS THIS PAY PERIOD	GROSS YEAR TO DATE	NET CHECK	CHECK NO.

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