

COMPANY NAME CITY, STATE, ZIP CODE

000001

EMPLOYEE ID

EMPLOYEE NAME

SOCIAL SECURITY NO.

EARNINGS

HOURS

CURRENT AMOUNT

TAX/CONTRIBUTION

CURRENT AMOUNT

YEAR-TO-DATE

EARNINGS

FICA W/H

FEDERAL W/H

STATE W/H

LOCAL W/H

TOTAL

NET PAY

THIS CHECK IS PROTECTED BY A VOID PANTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK.



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

BANK NAME

CITY, STATE, ZIP CODE

000001

ABA
FRACTION

PAY

DATE

AMOUNT

TO THE
ORDER
OF

AUTHORIZED SIGNATURE



⑈000001⑈ ⑆0000000000⑆ 0000000000⑈

COMPANY NAME CITY, STATE, ZIP CODE

000001