


CHECK NO.		SOCIAL SECURITY NO.		EMPLOYEE NAME			PERIOD	PERIOD END.	DATE
EARNINGS				TAXES			MISCELLANEOUS DEDUCTIONS		
TYPE	HOURS	RATE	AMOUNT	TYPE	CURRENT	YTD	TYPE	CURRENT	YTD
<b>TOTALS</b>				<b>TAXES</b>			<b>MISC. DED.</b>		
<b>HOURS</b>				<b>AMOUNT</b>			<b>NET PAY</b>		
<b>GROSSYTD.</b>									

COMPANY NAME CITY, STATE, ZIP

	<b>COMPANY NAME</b> STREET ADDRESS CITY, STATE, ZIP PHONE NUMBER	<b>BANK NAME</b> CITY, STATE ZIP DATE AMOUNT	ABA FRACTION <b>000001</b>
	PAY  TO THE ORDER OF	COMPANY NAME <hr/> <hr/>	

⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP

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