

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>HOURS</b>					<b>TAXES</b>			<b>MISC. DED.</b>	
<b>GROSS YTD.</b>										<b>NET PAY</b>	
COMPANY NAME CITY, STATE, ZIP											

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  
DATE  
AMOUNT

ABA  
FRACTION

000001

PAY

TO THE  
ORDER  
OF

\_\_\_\_\_  
AUTHORIZED SIGNATURE

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COMPANY NAME CITY, STATE, ZIP

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