

NO.	NAME	DEPARTMENT					000001
EARNINGS	RATE	HOURS/UNITS	AMOUNT	DEDUCTIONS	AMOUNT	CHECK NUMBER	
						PAYROLL DATE	
						PAYROLL PERIOD	
GROSSYTD EARNINGS		TOTAL HOURS	GROSS PAY	SOCIAL SECURITY #	TOTAL DEDUCTIONS	NET PAY	
EICYTD	FED WHYTD	OASDIYTD	MEDICAREYTD	STATE WHYTD	LOCAL WHYTD	OTHER DEDYTD	



COMPANY NAME

STREET ADDRESS
 CITY, STATE, ZIP
 PHONE NUMBER

BANK NAME
 CITY, STATE ZIP

ABA
 FRACTION

000001

EMPLOYEE NUMBER

CHECK NUMBER

DATE

AMOUNT

PAY
 TO THE
 ORDER
 OF

COMPANY NAME