NO.	NAME			1	DEPARTMENT	000001
EARNINGS	RATE	HOURS/UNITS	AMOUNT	DEDUCTIONS	AMOUNT	CHECK NUMBER
						PAYROLL DATE
						PAYROLL PERIOD
GROSS YTD EARNINGS		TOTAL HOURS	GROSS PAY	SOCIAL SECURITY #	TOTAL DEDUCTIONS	NET PAY
EICYTD	FED WHYTD	OASDIYTD	MEDICARI	eytd statewhy	TD LOCALWHYTD	OTHER DED YTD

COMPANY NAME CITY, STATE, ZIP

Form# 101CM

THIS CHECK IS PROTECTED BY A VOID PANTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK. 000001 **COMPANY NAME BANK NAME** ABA CITY, STATE ZIP **FRACTION** STREET ADDRESS CITY, STATE, ZIP EMPLOYEE NUMBER CHECK NUMBER PHONE NUMBER DATE **AMOUNT** PAY TOTHE ORDER OF AUTHORIZED SIGNATURE