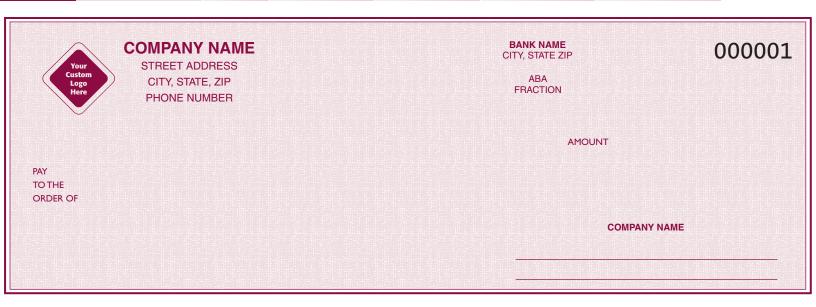
EMPLOYEE #

EMPLOYEE NAME SSN

ТҮРЕ	PAY RATE	HOURS	EARNINGS	TAXES WITHHELD	DEDUCTIONS	YEAR TO DATE
				FI.C.A.		EARNINGS F.I.C.A.W/H
				STATE		FED.W/H STATE W/H LOCAL W/H
PAY PERIOD		TOTAL	TOTAL	TOTAL	TOTAL	NET PAY



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COMPANY NAME CITY, STATE, ZIP

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