



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

BANK NAME
CITY, STATE ZIP

000001

ABA
FRACTION

DATE

AMOUNT

PAY

TO THE
ORDER
OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP

000001

EMPLOYEE

SOCIAL SECURITY NO.

PAY RATE

PERIOD END.

CHECK NO.

EARNINGS

HOURS

AMOUNT

YTD

DEDUCTION

AMOUNT

YTD

GROSS EARNINGS:
NET EARNINGS:

TOTAL DEDUCT:

COMPANY NAME CITY, STATE, ZIP

000001

EMPLOYEE

SOCIAL SECURITY NO.

PAY RATE

PERIOD END.

CHECK NO.

EARNINGS

HOURS

AMOUNT

YTD

DEDUCTION

AMOUNT

YTD

GROSS EARNINGS:
NET EARNINGS:

TOTAL DEDUCT: