COMPANY NAME CITY, STATE, ZIP

000001

EMPLOYEE ID	EMPLOYEE NAME	DATE	VACATION	SICK	SOCIAL SEC. NO.	START PERIOD	END PERIOD

EARNINGS				TAXES			DEDUCTIONS			BENEFITS		
CODE	RATE	HOURS	AMOUNT	CODE	WITHHELD	YEAR-TO-DATE	CODE	AMOUNT	YEAR-TO-DATE	CODE	AMOUNT	YEAR-TO-DATE
				FICA								
				MED.								
				S.S.								
				FEDERAL								
				STATE								
				LOCAL								

GROSS YEAR-TO-DATE | NET YEAR-TO-DATE

NET PAY

TOTAL

Your Custom Logo Here	**COMPANY NAME** STREET ADDRESS CITY, STATE, ZIP PHONE NUMBER	**BANK NAME** CITY, STATE ZIP ABA FRACTION

DATE

AMOUNT

PAY
TO THE
ORDER
OF

COMPANY NAME

⑆000001⑆ ⑈123456789⑈ 876543210⑈