



**COMPANY NAME**

STREET ADDRESS  
CITY, STATE, ZIP CODE  
PHONE NUMBER

**BANK NAME**  
CITY, STATE, ZIP CODE

ABA  
FRACTION

000001

PAY  
TO THE  
ORDER  
OF

DATE

AMOUNT

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

**COMPANY NAME** CITY, STATE, ZIP CODE

000001

EMPLOYEE ID		EMPLOYEE NAME			SOCIAL SECURITY NO.	
EARNINGS	HOURS	CURRENT AMOUNT	TAX/CONTRIBUTION	CURRENT AMOUNT	YEAR-TO-DATE	
					EARNINGS	
					FICA W/H	
					FEDERAL W/H	
					STATE W/H	
					LOCAL W/H	
<b>TOTAL</b>					<b>NET PAY</b>	

**COMPANY NAME** CITY, STATE, ZIP CODE

000001