

COMPANY NAME CITY, STATE, ZIP CODE

000001

EMPLOYEE NO.	EMPLOYEE NAME	SOCIAL SECURITY NO.	PAY PERIOD BEGIN/END	CHECK DATE

ITEM	RATE	HOURS	TOTAL	ITEM	THIS CHECK	YEAR TO DATE

WEEKS WORKED	HOURS WORKED	GROSS THIS PAY PERIOD	GROSS YEAR TO DATE	NET CHECK	CHECK NO.



COMPANY NAME
 STREET ADDRESS
 CITY, STATE, ZIP CODE
 PHONE NUMBER

BANK NAME
 CITY, STATE, ZIP CODE

000001

ABA
 FRACTION

DATE

AMOUNT

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PAY
 TO THE
 ORDER
 OF:

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP CODE

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