

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:

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DEDUCTION

AMOUNT

YTD

GROSS EARNINGS:  
NET EARNINGS:

TOTAL DEDUCT:

Form# 105



COMPANY NAME

STREET ADDRESS  
CITY, STATE, ZIP  
PHONE NUMBER

BANK NAME  
CITY, STATE ZIP

ABA  
FRACTION

000001

PAY

DATE

AMOUNT

TO THE  
ORDER  
OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈