



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

BANK NAME
CITY, STATE, ZIP CODE

ABA
FRACTION

000001

PAY
TO THE
ORDER
OF

DATE

AMOUNT

AUTHORIZED SIGNATURE



⑈000001⑈ ⑆0000000000⑆ 0000000000⑈

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	
TOTAL					NET PAY	

COMPANY NAME CITY, STATE, ZIP CODE

000001