

COMPANY NAME CITY, STATE, ZIP CODE

CHECK

000001

EMPLOYEE NUMBER	HOURS WORKED			EARNINGS				
	Regular	Overtime	Special	Regular	Vacation	Sick		
Social Security Number	Vacation	Sick	Total Hours	Overtime		Special		Gross Pay

TAXES			DEDUCTIONS					
F.I.C.A.	State W/H	City W/H						Total Deductions
		Total Taxes						Total Deduct. & Taxes

YEAR TO DATE						PAY PERIOD	NET PAY
Gross	F.I.C.A.	Federal	Sales		City		

PLEASE DETACH AND RETAIN THIS STATEMENT AS A RECORD OF YOUR EARNINGS



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE NUMBER

BANK NAME
CITY, STATE, ZIP CODE

ABA
FRACTION

CHECK DATE

CHECK

000001

AMOUNT OF CHECK

PAY

TO THE
ORDER
OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP CODE

000001