

COMPANY NAME CITY, STATE, ZIP CODE
EMPLOYEE # EMPLOYEE NAME

000001

SSN

TYPE	PAY			TAXES WITHHELD	DEDUCTIONS	YEAR TO DATE
	RATE	HOURS	EARNINGS			
				F.I.C.A.		EARNINGS
				FEDERAL		F.I.C.A. W/H
				STATE		FED. W/H
						STATE W/H
						LOCAL W/H
PAY PERIOD		TOTAL	TOTAL	TOTAL	TOTAL	NET PAY



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE NUMBER

BANK NAME
CITY, STATE, ZIP CODE

000001

ABA
FRACTION

PAY AMOUNT

TO THE
ORDER OF

DIRECT DEPOSIT ADVICE SLIP
NON-NEGOTIABLE

COMPANY NAME CITY, STATE, ZIP CODE

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