

COMPANY NAME CITY, STATE, ZIP

000001

EMPLOYEE #

EMPLOYEE NAME

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
		TOTAL	TOTAL	TOTAL	TOTAL	NET PAY
PAY PERIOD						

THIS CHECK IS PROTECTED BY A VOID PANTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK.



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

BANK NAME
CITY, STATE ZIP

ABA
FRACTION

000001

AMOUNT

PAY
TO THE
ORDER OF

AUTHORIZED SIGNATURE



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COMPANY NAME CITY, STATE, ZIP

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