



COMPANY NAME
 STREET ADDRESS
 CITY, STATE ZIP
 PHONE NUMBER

BANK NAME
 CITY, STATE ZIP
 ABA
 FRACTION

000001

PAY

DATE

AMOUNT

TO THE
 ORDER
 OF

AUTHORIZED SIGNATURE



⑈000001⑈ ⑆0000000000⑆ 0000000000⑈

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:				TOTAL DEDUCT:		
NET EARNINGS:						

COMPANY NAME CITY, STATE, ZIP

000001

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NET EARNINGS:						