

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

STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE NUMBER

BANK NAME
CITY, STATE, ZIP CODE

ABA
FRACTION

000001

PAY

DATE

AMOUNT

TO THE
ORDER
OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

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