

COMPANY NAME CITY, STATE, ZIP CODE

000001

EMPLOYEE NO.	EMPLOYEE NAME	SOCIAL SECURITY NO.	PAY PERIOD BEGIN/END	CHECK DATE

ITEM	RATE	HOURS	TOTAL	ITEM	THIS CHECK	YEAR TO DATE

WEEKS WORKED	HOURS WORKED	GROSS THIS PAY PERIOD	GROSS YEAR TO DATE	NET CHECK	CHECK NO.

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 CODE

ABA
FRACTION

AMOUNT

000001

DATE

\$

PAY
TO THE
ORDER
OF:

AUTHORIZED SIGNATURE



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