

COMPANY NAME CITY, STATE, ZIP

000001

EMPLOYEE NO.	EMPLOYEE NAME			SOCIAL SECURTY NO.	PERIOD BEG.	PERIOD END	CHECK DATE
EARNINGS	HOURS	RATE	CURRENT AMOUNT	WITHHOLDINGS/DEDUCTIONS	CURRENT AMOUNT	YEAR TO DATE	
CURRENT AMOUNT	CURRENT DEDUCTIONS	NET PAY	YTD EARNINGS	YTD DEDUCTIONS	YTD NET PAY	CHECK NO.	



**COMPANY NAME**  
 STREET ADDRESS  
 CITY, STATE, ZIP  
 PHONE NUMBER

**BANK NAME**  
 CITY, STATE ZIP  
 ABA  
 FRACTION

000001

CHECK NO.

PAY

DATE

AMOUNT

TO THE  
 ORDER  
 OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

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