

Client Name

I.D.# (Office Use Only)

Payroll for the month of

EMPLOYEE		ADDRESS		CITY		ST		ZIP		SS#		HOURLY RATE \$	
<input type="checkbox"/> N - NEW	<input type="checkbox"/> C - CHANGE	DOB	HIRE		PENSION		<input type="checkbox"/>	REG	<input type="checkbox"/>	COMMISSION	<input type="checkbox"/>	FEDERAL	STATUTORY
WEEK	INIT	END	S	M	T	W	T	F	S	TOTAL HOURS	REG HOURS	O.T. HOURS	OTHER
WEEKS WORKED		STATUS		TERMINATED		DECEASED		TOTALS		FUTA		<input type="checkbox"/>	SUI
										EXEMPT: FICA		<input type="checkbox"/>	REGULAR PAY
										AHR		<input type="checkbox"/>	OVERTIME PAY
										TIPS		<input type="checkbox"/>	GROSS PAY
										FICA		<input type="checkbox"/>	TOTAL DEDUCTIONS
										STATE W/H		<input type="checkbox"/>	NET PAY
										FEDERAL W/H		<input type="checkbox"/>	
										WITHHOLDING ALLOWANCES		<input type="checkbox"/>	

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										FEDERAL W/H		<input type="checkbox"/>	
										WITHHOLDING ALLOWANCES		<input type="checkbox"/>	

PROOF WEEKS WORKED

PROOF TOTALS