

EMPLOYER NAME	EMPLOYEE ID	ISSUE DATE	
ADDRESS	BUSINESS UNIT	CHECK NO.	
	PAY GROUP	PAY PD BEGIN	
PHONE	BENEFITS DATE	PAY PD END	

EMPLOYEE INFORMATION		
EMPLOYEE NAME		
ADDRESS		

TAX TYPE	ALLOWANCES	ADD'L AMOUNT
FEDERAL		
STATE		
LOCAL		

PAY DESCRIPTION	HOURS	RATE	CURRENT PAY	YTD HOURS	YTD PAY
Regular					
Overtime					
Holiday					
Personal Day					
Vacation					
Sick Leave					
Family Leave of Absence (FMLA)					
Bonus					
	C	URRENT GROSS PAY		YTD TOTAL	

DEDUCTIONS	CURRENT	YTD
Federal Withholding		
Federal MED/EE		
Federal OASDI/EE		
State Withholding		
Other		
Other		
TOTALS		

TOTAL NET PAY		
CURRENT		
YTD		