NAME **S.S.No.**

ADDRESS **[ ] MARRIED** **[ ] SINGLE** **EXEMPTIONS** **YEAR**

WEEK ENDING	GROSS PAYROLL	DEDUCTIONS: SOCIAL SECURITY	MEDICARE	FED. WITHHOLDING	STATE WITHHOLDING	OTHER:	NET AMOUNT PAID
TTL JAN							
TTL FEB							
TTLMAR							
1STQTR							

NAME **S.S.No.**

ADDRESS **[ ] MARRIED** **[ ] SINGLE** **EXEMPTIONS** **YEAR**

WEEK ENDING	GROSS PAYROLL	DEDUCTIONS										NET AMOUNT PAID	
		SOCIAL SECURITY		MEDICARE		FED. WITHHOLDING		STATE WITHHOLDING		OTHER:			
TTL APR													
TTLMAY													
TTL JUN													
2ND QTR													
TTL YTD													

ADDRESS [ ] MARRIED [ ] SINGLE EXEMPTIONS YEAR

WEEK ENDING	GROSS PAYROLL	DEDUCTIONS																NET AMOUNT PAID	
		SOCIAL SECURITY		MEDICARE		FED. WITHHOLDING		STATE WITHHOLDING		OTHER:									
TTL JUL																			
TTL AUG																			
TTL SEP																			
3RD QTR																			
TTL YTD																			

NAME **S.S.No.**

ADDRESS **[ ] MARRIED** **[ ] SINGLE** **EXEMPTIONS** **YEAR**

WEEK ENDING	GROSS PAYROLL	DEDUCTIONS																NET AMOUNT PAID	
		SOCIAL SECURITY		MEDICARE		FED. WITHHOLDING		STATE WITHHOLDING		OTHER:									
TTL OCT																			
TTL NOV																			
TTL DEC																			
4TH QTR																			
TTL YTD																			