Company Name:								
Employee Name:	Social Security Number:							
Address:								
Married or Single:								
Number of Dependents:								

	January - March											
		Gross						Other				
Date	Check #	Regular	Overtime	Total	Federal	S/S	Medicare	State			Net Pay	
Total												

April - June											
		Gross						Other			
Date	Check #	Regular	Overtime	Total	Federal	S/S	Medicare	State			Net Pay
Total											
	Company Name:										

Employee Name:	Social Security Number:
Address:	
Married or Single:	
Number of Dependents:	

July - September											
		Gross							Other		
Date	Check #	Regular	Overtime	Total	Federal	S/S	Medicare	State			Net Pay
Total											

October - December											
		Gross							Ot	her	
Date	Check #	Regular	Overtime	Total	Federal	S/S	Medicare	State			Net Pay
Total											