NAME S.S.No. page 1

ADDRESS [ ] MARRIED [ ] SINGLE EXEMPTIONS YEAR

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

NAME S.S.No. page 2

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							

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 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							