Revised 6-1-03

PAYROLL RECORD

NAME OF EMPLOYEE _____ SOCIAL SECURITY # _____

ADDRESS _____ MARRIED …….. _____

_____ SINGLE …….. _____

_____ NO.OF EXEMPTIONS ……. _____

FIRST QUARTER 200___

DATE	CHECK #	TOTAL EARNINGS	FED W/HELD	SOC SEC	MED CARE	OTHER	NET PAY
TOTAL 1ST QR							

SECOND QUARTER 200___

DATE	CHECK #	TOTAL EARNINGS	FED W/HELD	SOC SEC	MED CARE	OTHER	NET PAY
TOTAL 2ND QR							

THIRD QUARTER 200___

DATE	CHECK #	TOTAL EARNINGS	FED W/HELD	SOC SEC	MED CARE	OTHER	NET PAY
TOTAL 3RD QR							

FOURTH QUARTER 200___

DATE	CHECK #	TOTAL EARNINGS	FED W/HELD	SOC SEC	MED CARE	OTHER	NET PAY
TOTAL 4TH QR							
YEAR TOTALS							