

PAYROLL RECORD

NAME OF EMPLOYEE _____ **SOCIAL SECURITY #** _____

ADDRESS _____ **MARRIED** _____

_____ **SINGLE** _____

_____ **NO.OF EXEMPTIONS** _____

FIRST QUARTER 200 _____

SECOND QUARTER 200 _____

FIRST QUARTER 200 _____								SECOND QUARTER 200 _____							
DATE	CHECK #	TOTAL EARNINGS	FED W/HELD	SOC SEC	MED CARE	OTHER	NET PAY	DATE	CHECK #	TOTAL EARNINGS	FED W/HELD	SOC SEC	MED CARE	OTHER	NET PAY
TOTAL 1ST QR								TOTAL 2ND QR							

THIRD QUARTER 200 _____

FOURTH QUARTER 200 _____

THIRD QUARTER 200 _____								FOURTH QUARTER 200 _____							
DATE	CHECK #	TOTAL EARNINGS	FED W/HELD	SOC SEC	MED CARE	OTHER	NET PAY	DATE	CHECK #	TOTAL EARNINGS	FED W/HELD	SOC SEC	MED CARE	OTHER	NET PAY
TOTAL 3RD QR								TOTAL 4TH QR							

YEAR							
TOTALS							