CLIENT NAME: _____

EMPLOYEE	DATE PAID	NET PAID	GROSS PAID	FICA/ MEDICARE WITHHELD	FEDERAL TAX WITHHELD	STATE TAX WITHHELD
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
SSN: _____	_____	_____	_____	_____	_____	_____

EMPLOYEE	DATE PAID	NET PAID	GROSS PAID	FICA/ MEDICARE WITHHELD	FEDERAL TAX WITHHELD	STATE TAX WITHHELD
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
SSN: _____	_____	_____	_____	_____	_____	_____

EMPLOYEE	DATE PAID	NET PAID	GROSS PAID	FICA/ MEDICARE WITHHELD	FEDERAL TAX WITHHELD	STATE TAX WITHHELD
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
SSN: _____	_____	_____	_____	_____	_____	_____

EMPLOYEE	DATE PAID	NET PAID	GROSS PAID	FICA/ MEDICARE WITHHELD	FEDERAL TAX WITHHELD	STATE TAX WITHHELD
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
SSN: _____	_____	_____	_____	_____	_____	_____

EMPLOYEE	DATE PAID	NET PAID	GROSS PAID	FICA/ MEDICARE WITHHELD	FEDERAL TAX WITHHELD	STATE TAX WITHHELD
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
SSN: _____	_____	_____	_____	_____	_____	_____