

YOUR COMPANY NAME

123456

CHECK NO.	SOCIAL SECURITY NO.	EMPLOYEE NAME					PERIOD	PERIOD END	DATE
EARNINGS			TAXES			MISCELLANEOUS DEDUCTIONS			
TYPE	HOURS	RATE	AMOUNT	TYPE	CURRENT	YTD	TYPE	CURRENT	YTD
GROSS PAY		YTD GROSS		NET CHECK					

THIS DOCUMENT HAS LINEMARK™ LINES IN THE PAPER • HOLD TO LIGHT TO VIEW.

YOUR COMPANY NAME

YOUR ADDRESS
YOUR CITY, STATE ZIP
YOUR PHONE #

BANK NAME
CITY, STATE ZIP

123456

ABA FRACTION

CHECK DATE

CHECK NUMBER

CHECK AMOUNT

PAY

TO THE
ORDER
OF

YOUR COMPANY NAME

MP
AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈ 123456⑈ ⑆ 123456789⑆ ⑆ 123456789⑈

YOUR COMPANY NAME

PLEASE DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

123456

