

Employee Payroll Record for Calendar Year _____

Name: _____ Phone: _____

Address: _____

City: _____ ST: _____ ZIP: _____ SS #: _____

Employed from ____ / ____ / ____ to ____ / ____ / ____ Married Single Exemptions: _____

Date Paid	Gross Pay	DEDUCTIONS					Total Deductions	Net Pay	Check #
		Social Sec	Medicare	Federal W/H					
J									
A									
N									
TTL									
F									
E									
B									
TTL									
M									
A									
R									
TTL									
QTR									
A									
P									
R									
TTL									
M									
A									
Y									
TTL									
J									
U									
N									
TTL									
QTR									
YTD									

*** Bring YTD totals to page 2 ***