



PAYROLL RECORD

Date _____ 19 _____

EMPLOYEE	
ADDRESS	
EMPLOYER	SOCIAL SECURITY NUMBER

HOURS	Sun.	Mon.	Tur.	Wed.	Thur.	Fri.	Sat.	TOTAL HOURS	RATE	AMOUNT
Reg. Time										
Over Time										
Piece Work	UNIT OF WORK									
SALARY FOR PAY PERIOD ENDING THIS DATE										
RENUMERATION (ROOM, BOARD, TIPS, ETC.)										
GROSS EARNINGS										
NUMBER OF EXEMPTIONS	<input type="checkbox"/>								Deductions	
Federal Income Tax										
Medicare Tax										
Social Security Tax										
Insurance										
Cash Advance										
Merchandise Bought										
Tips										
State Income Tax										
OTHER: _____										
LESS TOTAL DEDUCTIONS ▶										
NET EARNINGS THIS PAY PERIOD ▶										

CASH CHECK NUMBER _____

TOTAL SAVINGS BOND CREDIT INCLUDING THIS DEDUCTION

RECEIVED BY:
X