

MANUAL ISSUED CHECK REPORTING FORM

Company Name: _____

Employee Name: _____

Employee ID #: _____ Check #: _____ Check Date: ____/____/____

Pay Frequency: _____ YTD Gross Amount: _____

GROSS CHECK AMOUNT _____ . _____

Federal Tax: _____ . _____

OASDI (6.2%) _____ . _____

Medicare _____ . _____

State Tax _____ . _____

SDI _____ . _____

SUI _____ . _____

Other Tax _____ . _____

Local Taxes _____ . _____

Additional Deductions

401K _____ . _____

Section 125 _____ . _____

Other _____ . _____

Other _____ . _____

NET CHECK AMOUNT _____ . _____

Issued By: _____

Authorized Signature: _____