

MANUAL CHECK BREAKDOWN

COMPANY: _____

PERIOD ENDING: _____

PAY DATE: _____

EMPLOYEE: _____

SSN: _____

HOURS / DAYS WORKED: _____

***** IF THIS IS A NEW EMPLOYEE, PLEASE COMPLETE AN
EMPLOYEE INFORMATION UPDATE SHEET *****

GROSS	
FIT	
SOC SEC	
MEDICARE	
SIT	
SDI	
NET	_____
	=====

CHECK # _____