EMPLOYEE EARNINGS RECORD

NAME (LAST)	FIRST	MIDDLE	EMP ID#	# EXEMPTIONS	SOCIAL SECURITY #

ADDRESS	CITY	STATE	ZIP

	RATE		EARNINGS			TAXES				DEDUCTIONS		
QUARTER	REGULAR	O.T.	REGULAR	O.T.		FICA	W.H.					DATE EMPLOYED

	HOURS WORKED		EARNINGS				TAXES				DEDUCTIONS		
PAY PERIOD	REGULAR	O.T.	REGULAR	O.T.		TOTAL	FICA	W.H.					NET PAY
QUARTER _____ TOTAL													