

Company Name Here															
10/01/XX - 10/15/XX		Document Preview – This is only a portion of the entire, customizable document.													
CHECK DATE: 10/20/04															
						Less				Deduct		Medical	Dental	Employee	
	Com-	Salary	Hourly			Charge	Gross			Child	State	Ins	Ins.	Total	Net
Name	mission	Wages	Wages	Other	Bonus	Backs	Wage	FICA	FWT	Support	Tax	Deduct	Deduct	Deduct	Pay
Employee Name		1,000.00					1,000.00	76.50	115.31		32.29	0.00	0.00	224.10	775.90
Employee Name		1,500.00					1,500.00	114.75	0.00		0.00	0.00	0.00	114.75	1,385.25
Employee Name		1,440.00		100.00			1,540.00	117.81	0.00		0.00	162.27	39.76	319.84	1,220.16
Employee Name		1,000.00					1,000.00	76.50	0.00		0.00			76.50	923.50
Employee Name		3,500.00					3,500.00	267.75	0.00		0.00	162.27	39.76	469.78	3,030.22
Employee Name		1,000.00					1,000.00	76.50	0.00		0.00	0.00		76.50	923.50
Employee Name		1,500.00					1,500.00	114.75	0.00		0.00	70.38	20.19	205.32	1,294.68
Employee Name		1,833.34					1,833.34	140.25	0.00	200.00	0.00			340.25	1,493.09
Employee Name		3,000.00					3,000.00	229.50	0.00		0.00	91.92	14.31	335.73	2,664.27
Employee Name			720.00				720.00	55.08	0.00		0.00			55.08	664.92
Employee Name		1,000.00					1,000.00	76.50	0.00		0.00	162.27	39.76	278.53	721.47
Employee Name		1,000.00					1,000.00	76.50	0.00		0.00			76.50	923.50
Employee Name		1,000.00					1,000.00	76.50	0.00		0.00			76.50	923.50
TOTALS	0.00	18,773.34	720.00	100.00	0.00	0.00	19,593.34	1,498.89	115.31	200.00	32.29	649.11	153.78	2,649.38	16,943.96

Sample Document Preview