

INDIVIDUAL PAYROLL RECORD

Name _____ Employee # _____

Address _____ City, State, Zip _____

_____ Telephone number _____

Social Security # _____

Position _____

Regular Rate _____

Overtime Rate _____

Date Hired _____

Exemptions _____

	Pay period ending	Total Hours		Gross pay	Soc. Sec. w/h	Medicare w/h	Federal w/h	State w/h	Local w/h			Net pay
		Regular	O/time									
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