

INDIVIDUAL PAYROLL RECORD

Year _____

Employee Name _____ Social Security No. _____ Marital Status _____ Exemption Allowance(s) _____
 Address _____ Position _____ Exempt from federal income tax withholding? Yes _____ No _____
 Phone No. _____ Rate: Hourly \$ _____ Weekly \$ _____ Monthly \$ _____

Period Ending	Earnings					Deductions						Net Paid	Check No.
	Gross Salary	Housing Allowance	Auto Allowance	Christmas Gift	Total Earnings	Federal Withheld	Social Security Tax	Medicare Tax	State Withheld	Other _____	Advance		
Total 1st Qtr.													
Total 2nd Qtr.													
Total 3rd Qtr.													
Total 4th Qtr.													
Annual Totals													