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													

The Lutheran Church—Missouri Synod copyrighted. All rights reserved. Changes in tax law may affect accuracy of text.