

YOUR COMPANY NAME				Earnings Statement							AcuPayroll		
COMPANY	DEPT	EMPY#	SOC-SEC-NUM	EMPLOYEE			TAX STATUS		PAY DATE	PERIOD END	CHK#		
EB1234	OFFICE	5120	***-**-4291	JACK S WATERS			M02 M02		JUN/11/15	JUN/07/15	110		
.....EARNINGS.....				EARNINGS.....				DEDUCTIONS.....			DEDUCTIONS.....		
TYPE	RATE	HOURS	EARNINGS	TYPE	RATE	HOURL	EARNINGS	TYPE	AMOUNT	YTD	TYPE	AMOUNT	YTD
REGULAR	8.210	35.00	287.35					FICA	17.82	17.82			
TOTAL...		35.00	287.35					MEDICARE	4.17	4.17			
YTD.....		35.00	287.35					FEDERAL					
								KANSAS	2.31	2.31			
								DD/CHK	213.05	213.05			
								DD/SAVNG	50.00	50.00			
								NET.....					

AcuPayroll

YOUR COMPANY NAME
STREET ADDRESS
ANYTOWN, KS 99999

NON-NEGOTIABLE

110

OFFICE 5120 JUN/11/15

Deposited to the account of

BANK NO	ACCOUNT NO	AMOUNT
*****	*****7890	*****50.00
*****	*****3210	*****213.05

JACK S WATERS
4118 N 109TH
WICHITA KS 67203

NON-NEGOTIABLE