

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	000
YC1	000000	000000	00000	0000000000	0

Earnings Statement



Your Name
Your Address

Period Beginning: 01/00/2024
Period Ending: 01/00/2024
Pay Date: 01/00/2024

Filing Status: Head of household
Exemptions/Allowances:
Federal: Standard Withholding Table

Your Name
Your Address

Earnings	hours	this period	year to date
Regular			
Holiday			
Gross Pay		\$0.00	

Other Benefits and Information	this period	total to date
Sick Hours Bal		
Vac Hours Bal		

Deductions	Statutory
	Social Security
	Medicare
	Fed Income Tax
	NY Income Tax
	NY Disability
	NY Disability PFL
Net Pay	\$0.00
Net Check	\$0.00

Important Notes

Additional Tax Withholding Information	
Taxable Marital Status:	
AA :	Single
AA AA :	Single
Exemptions/Allowances:	
AA :	0
AA AA :	0
SSN:	XXX-XX-XXXX

Your federal taxable wages this period are \$0.00
Your NY taxable wages this period are \$0.00
Your New York taxable wages this period are \$0.00

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Advice number: 000000000
Pay date: 01/00/2024

Deposited to the account of	account number	transit	ABA	amount
Your Name	XXXXXXXXXX	XXXX	XXXX	\$0.00

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK NUMBER 000
DP3 000000 000000 000000 0000000000 0

Earnings Statement



Your Name
Your Address

Period Beginning: 01/00/2024
Period Ending: 01/00/2024
Pay Date: 01/00/2024

Taxable Marital Status: U
Exemptions/Allowances: A
Federal: 0
ON: 0

Your Name
Your Address

Earnings	rate	hours	this period	year to date
Regular				
Vacation				
Overtime				
Bonus				
Gross Pay			\$0.00	

Other Benefits and Information	this period	total to date
Sick Bal		

Important Notes

Deductions	Statutory
Gov Pens	
EI Cont	
Federal Income Tax	
Net Pay	\$0.00
Net Check	\$0.00

Your federal taxable wages
this period are \$0.00

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Your Name
Your Address

Payroll check number:
Pay date: 00000000 01/00/2024

Pay to the
order of:

Your Name

This amount:

Amount

\$0.00

THIS IS NOT A CHECK
VOID NON-NEGOTIABLE VOID NON-NEGOTIABLE

Company Name
Company Address

Jan 01, 2024

Amount

\$0.00

This is not a check

Pay to the order of *Your Name*
Your Address

Company Name
Company Address

Earnings Statement

Employee Information	Social Sec. ID	Employee ID	Start Date	End Date	Check date
<i>Your Name</i> <i>Your Address</i>	XXX-XX-XXXX	000000	01/00/2024	01/00/2024	01/00/2024

Earnings	Rate	Current	Year to Date	Deductions	Current	Year to Date
Salary	0.00	0.00	0.00	FICA-Medicare FICA-Social Security Federal tax State tax SDI		

Gross Earnings		\$0.00	\$0.00	Gross Deductions	\$0.00	\$0.00
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Check No.	#0000
Net Pay	\$0.00
YTD Net Pay	\$0.00

Company Code Loc/Dept Number Page
K4 / 000 00000000 0 / 00 0000000 1 of 1

Your Name
Your Address

Earnings Statement

Period Starting: 01/00/2024
Period Ending: 01/00/2024
Pay Date: 04/00/2024

Business Phone: 000-000-0000

Taxable Filing Status: Head Of
Household

Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0

Social Security Number: XXX-XX-XXXX

Your Name
Your Address

<u>Earnings</u>	<u>rate</u>	<u>hours/units</u>	<u>this period</u>	<u>year to date</u>
Regular				
Overtime				
PTO 6				
Holiday				
Bonus				
Misc pay				
Parking Bonus				

Gross Pay \$0.00 \$0.00

<u>Statutory Deductions</u>	<u>this period</u>	<u>year to date</u>
Social Security		
Medicare		
Fed Income Tax		
NY Income Tax		
NY Disability		
NY Disability PFL		
NY NYC Inc		

Net Pay \$0.00

<u>Other Benefits and Information</u>	<u>this period</u>	<u>year to date</u>
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<u>Deposits</u>	<u>account number</u>	<u>transit/ABA</u>	<u>amount</u>
	XXXXXXXXXX	XXXXXXXXXX	0.00

Important Notes

Basis of pay: Salary

Your federal taxable wages this period are \$0.00

Company Name
Company Address

Pay Date: 01/00/2024

<u>Deposited to the account</u>	<u>account number</u>	<u>transit/ABA</u>	<u>amount</u>
Checking DirectDeposit	XXXXXXXXXX	XXXXXXXXXX	0.00

THIS IS NOT A CHECK

Your Name
Your Address

CO. FILE DEPT. CLOCK NUMBER
000 000000 000000 000000 00000000 0

Earnings Statement



Your Name
Your Address

Period Beginning: 01/00/2024
Period Ending: 01/00/2024
Pay Date: 01/00/2024

Taxable Marital Status: SINGLE Exemptions/
Allowances:

Federal: 0
KY: 0

Your Name
Your Address

Earnings	hours	this period	year to date
Regular			
Overtime			
Holiday			
Tuition			
Gross Pay		0.00	
Deductions			
Statutory			
Federal Withholding			
Federal USDI			
Medicare			
KY Withholding			
Net Pay		\$0.00	
* Excluded from federal taxable wages			
Your federal wages this period are \$0.00			

Other Benefits and Information	this period	total to date
Sick Hours	0.00	0.00
Deposits		
Account No.		XXXXXXXXXX
Transit/ABA		
Pending		
Important Notes		

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VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

Your Name
Your Address

Payroll check number 000000
Pay date: 01/00/2024

Pay to the order of: **Your Name**

This amount: **Amount** \$0.00

THIS IS NOT A CHECK

VOID AFTER 180 DAYS

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

NON-NEGOTIABLE