

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
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Regular			
Holiday			
Gross Pay		\$0.00	

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

Deductions	Statutory
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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: 0000000000
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: SINGLE

Exemptions/Allowances:

Federal: 0

ON: 0

Your Name
Your Address

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

<u>Other Benefits and Information</u>	<u>this period</u>	<u>total to date</u>
Sick Bal		

Important Notes

<u>Deductions</u>	<u>Statutory</u>
Gov Pens	
EI Cont	
Federal Income Tax	
Net Pay	\$0.00
Net Check	\$0.00

Your federal taxable wages
this period are \$0.00

Your Name
Your Address

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

Pay to the
order of:
This amount:

Your Name
Amount

\$0.00

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

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

Your Name
Your Address

Taxable Marital Status: SINGLE Exemptions/
Allowances:

Federal: 0
KY: 0

Earnings Statement

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

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. XXXXXXXXXXXX
Transit/ABA
Pending

Important Notes

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 0000000
Pay date: 01/00/2024

Pay to the
order of:
This amount:

Your Name
Amount

\$0.00

THIS IS NOT A CHECK

VOID AFTER 180 DAYS

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

NON-NEGOTIABLE

TEAR HERE

Company Name
Company Address

Earnings Statement

Employee Name	Social Sec. ID	Employee ID	Check No.	Pay Record	Pay Date
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Your Name	XXX-XX-XXXX		0000	01/00/2024 - 01/00/2024	01/00/2024
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Earnings	Rate	Hours	Current	Deductions	Current	Year to Date
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Regular Income				Federal Income Tax Social Security Medicare California SDI California State Tax		
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YTD Gross	YTD Deductions	YTD Net Pay	Current Total	Current Deductions	Net Pay
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\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Company Code K4 / 000 00000000 Loc/Dept 0 / 00 Number 0000000 Page 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

Earnings	rate	hours/units	this period	year to date
Regular				
Overtime				
PTO 6				
Holiday				
Bonus				
Misc pay				
Parking Bonus				
Gross Pay			\$0.00	\$0.00

Other Benefits and Information	this period	year to date

Statutory Deductions	this period	year to date
Social Security		
Medicare		
Fed Income Tax		
NY Income Tax		
NY Disability		
NY Disability PFL		
NY NYC Inc		
Net Pay	\$0.00	

Deposits account number	transit/ABA	amount
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

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

THIS IS NOT A CHECK

Your Name
Your Address

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
Your Name Your Address	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