

# PAY STUB

**EMPLOYER:**

Address:

EMPLOYEE:

ID:

SSN (Last 4):

Pay Period:

Pay Date:

EARNINGS			
Type	Hours	Rate	Amount
Regular Pay			
Overtime			
Bonus			
GROSS PAY			\$0.00

DEDUCTIONS	
Deduction Type	Amount
Federal Income Tax	
State Income Tax	
Social Security (FICA)	
Medicare	
Health Insurance	
401(k) Retirement	
TOTAL DEDUCTIONS	\$0.00

NET PAY	\$0.00
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