



PAYROLL RECORD

Austin Business Services Date _____

EMPLOYEE _____
 ADDRESS _____
 EMPLOYER _____ SOCIAL SECURITY NUMBER _____

HOURS	Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL HOURS	RATE	AMOUNT
Reg. Time										
Over Time										
Place Work										
UNIT OF WORK										
SALARY FOR PAY PERIOD ENDING THIS DATE										
RENUMERATION (ROOM, BOARD, TIPS, ETC.)										
GROSS EARNINGS										
NUMBER OF EXEMPTIONS										Deductions
Federal Income Tax										
Medicare Tax										
Social Security Tax										
Tips										
OTHER										
LESS TOTAL DEDUCTIONS										
NET EARNINGS THIS PAY PERIOD										

CASH CHECK NUMBER _____

Received By: **X**



PAYROLL RECORD

Austin Business Services Date _____

EMPLOYEE _____
 ADDRESS _____
 EMPLOYER _____ SOCIAL SECURITY NUMBER _____

HOURS	Sun	Mon	Tue	Wed	Thur	Fri	Sat	TOTAL HOURS	RATE	AMOUNT
Reg. Time										
Over Time										
Place Work										
UNIT OF WORK										
SALARY FOR PAY PERIOD ENDING THIS DATE										
RENUMERATION (ROOM, BOARD, TIPS, ETC.)										
GROSS EARNINGS										
NUMBER OF EXEMPTIONS										Deductions
Federal Income Tax										
Medicare Tax										
Social Security Tax										
Tips										
OTHER										
LESS TOTAL DEDUCTIONS										
NET EARNINGS THIS PAY PERIOD										

CASH CHECK NUMBER _____

Received By: **X**