

**MANUAL CHECK BREAKDOWN**

COMPANY: \_\_\_\_\_

PERIOD ENDING: \_\_\_\_\_

PAY DATE: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

SSN: \_\_\_\_\_

HOURS / DAYS WORKED: \_\_\_\_\_

**\*\*\* IF THIS IS A NEW EMPLOYEE, PLEASE COMPLETE AN  
EMPLOYEE INFORMATION UPDATE SHEET \*\*\***

GROSS	
FIT	
SOC SEC	
MEDICARE	
SIT	
SDI	
NET	_____
	=====

**CHECK #** \_\_\_\_\_