

Company Number: _____

Company Name: _____

VOIDED CHECKS					
Emp. No.	Employee Name	Soc. Sec. No.	Check Date	Check No.	Check Net

HAND WRITTEN (MANUAL) CHECKS											
Emp. No.	Employee Name				Soc. Sec. No.		Emp. No.	Employee Name			Soc. Sec. No.
UCI State	Work WH State	Res. WH State	Net	Check No.		UCI State	Work WH State	Res. WH State	Net	Check No.	

Gross	Federal Withholding	Employee UCI	Deductions
Regular Pay	Social Security (OASDI)	St. Disability	Deductions
Over Time Pay	Medicare	St. WH (Work)	Deductions
Other Pays	EIC	St. WH (Res)	
Other Pays		L&I / WC	
		NJ Workforce	
		NJ HealthCare	
		Locals	

Special Notes

Gross	Federal Withholding	Employee UCI	Deductions
Regular Pay	Social Security (OASDI)	St. Disability	Deductions
Over Time Pay	Medicare	St. WH (Work)	Deductions
Other Pays	EIC	St. WH (Res)	
Other Pays		L&I / WC	
		NJ Workforce	
		NJ HealthCare	
		Locals	

Special Notes