



YEAR 200_____

EMPLOYER INFORMATION

NAME:

QTR: Jan - Mar Apr - Jun Jul - Sept Oct - Dec

Email

Day Phone

EMPLOYEE INFORMATION

NAME:

SEPARATION DATE: if applicable

circle one to each of the following

EMPLOYEE TYPE: NANNY/CHILDCARE HOUSEKEEPER ELDERCARE OTHER

SOCIAL SECURITY/MEDICARE: Deducted from Employee Paid by Employer/Not Deducted

DAY OF WEEK PAID: M Tu W Th F Sat Sun

Pymt #	Date	Gross	Social Security Medicare Federal IT State IT Local IT SDI/Other					Net Payment
			< ----- DEDUCTIONS IF APPLICABLE ----- >					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

Totals