## **Payroll Register**

_				Total Ho	ours					Total Ea	Withholding	thholdings & Deductions								
Payment				Reg.	Vac.	Sick	Holid.	Pers.	O.T.		<b>GROSS PAY</b>		FED	STATE	Local	Social		Insur.	Other	NET PAY
Date	Pay Period	ID	Name	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Bonus	(\$)	Med Ins	Tax	Tax	Tax		Medi-care	Deduct.		(\$)
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