SNELLING PAYROLL SERVICES
2222 Indiana Avenue
Lubbock, TX 79410

Confidential For: Jane Doe
A Sample Company

Grand Prairie, TX 75052

Payroll Contact: @ (972)

(26) **Delivery Method:** Pickup - Call

Reports Included in your Package (If Applicable)

- Tax Deposit Liabilities & Due Dates
- Payroll Register
- Special Checks Register
- Payroll Register Totals
- Payroll UI Totals
- Department Register
- General Ledger Detail Register
- General Ledger Summary Register
- Deduction Register
- Payroll Worksheet
- Payroll Checks
- Special Checks
- Tax Check

Current Payroll Tax Liabilities

*** To-Date Tax Liabilities (Please Read) ***

Basic Company Information
A Sample Company
Grand Prairie, TX 75052
Company No: 26

Payroll Dates	
Check Date:	**11/11/09**
(1) Period Start Date:	**11/01/06**
(1) Period End Date:	**11/07/09**
Federal Deposit Freq.:	**SEMI-WEEKLY**
Federal Deposit Method:	**Normal**

Payroll Statistics			
No. of PR Checks:	9	Total Check Net:	$3,798.24
No. of Misc Checks:	2	Total Misc. Net:	$214.00
No. of Tax Checks:	1		
No. of Adj. Entries:	0	Total Adj. Net:	$0.00
No. of Void Entries:	0	Total Void Net:	$0.00
No. of DD Vouchers:	0	Total PR Net:	$4,012.24
Total PR Gross:	**$5,020.44**		
		Bank Deposit:	**$5,102.79**

Federal Tax Section

Federal Tax Deposit Liability (941)	
Federal Withholding Tax	$365.39
Earned Income Credit	($27.04)
Social Security (Employer Portion)	$304.81
Social Security (Employee Portion)	$304.81
Medicare (Employer Portion)	$71.29
Medicare (Employee Portion)	$71.29
Cobra Premium Assistance Credit	$0.00
Total PR Federal 941 Liability	**$1,090.55**

Federal Unemployment Liability (940)	
Federal Unemployment Tax (FUTA)	$39.33
Total PR Federal 940 Liability	**$39.33**

Total Unpaid 941 Liability -- DUE	**$1,090.55**
Make a payment for this amount DUE by 11/18/2009 (Included for payment Check No: 1042)	
Quarter / Year : 4-2009	**Tax Type: 941**

Texas Tax Section

Texas Unemployment Liability	
State Unemployment Tax (SUTA)	$25.10
Smart Jobs Assessment Tax	$5.02
Total TX PR SUTA Liability	**$30.12**

Employee Name (State for) / Emp. No. / SSN No. / UCI / Pay Freq. / Tax Status	Dept. No.	Pays: Current Description	Rate	Hours	Pay	Pays: Year-to-Date Description	Hours	Amount	Taxes: Tax Description	Current Amount	YTD Amount	Deductions & Memos: Deduction Description	Current Amount	YTD Amount	Ck. No. / Type / Net Pay
Division : 0 Central															
Adams, John D.	1	0-Regular Pay	10.00	40.00	400.00	0-Regular Pay	40.00	400.00	Federal WH	5.65	5.65	1-Child Support	75.00	75.00	001031
1 111-11-1111 TX									OASDI	23.87	23.87	2-CAF Medical	10.00	10.00	NORMAL
Weekly Fed: Single 2									Medicare	5.58	5.58	3-CAF Dental	5.00	5.00	
TX N/A									EIC	(27.04)	(27.04)	4-401K Plan	50.00	50.00	
Employee Totals		**Totals:**		40.00	400.00	Total YTD:	40.00	400.00		8.06			140.00		251.94
Watts, Frank	1	0-Regular Pay			950.00	0-Regular Pay		950.00	Federal WH	83.30	83.30	2-CAF Medical	20.00	20.00	001033
2 222-22-2222 TX									OASDI	56.67	56.67	3-CAF Dental	16.00	16.00	NORMAL
Weekly Fed: Married 0									Medicare	13.25	13.25				
Employee Totals		**Totals:**			950.00	Total YTD:		950.00		153.22			36.00		760.78
Brown, Tom	2	0-Regular Pay	9.50	40.00	380.00	0-Regular Pay	40.00	380.00	Federal WH	21.01	21.01	2-CAF Medical	5.00	5.00	001034
3 333-33-3333 TX									OASDI	22.88	22.88	3-CAF Dental	6.00	6.00	NORMAL
Weekly Fed: Single 1									Medicare	5.35	5.35	5-Declining Loan	25.00	25.00	
Employee Totals		**Totals:**		40.00	380.00	Total YTD:	40.00	380.00		49.24			36.00		294.76
Morris, Julie	3	0-Regular Pay	2.13	32.13	68.44	0-Regular Pay	32.13	68.44	Federal WH	5.00	5.00				001035
9 999-99-9999 TX	3	5-Cash Tips	2.13		164.50	5-Cash Tips		164.50	OASDI	14.44	14.44				NORMAL
Weekly Fed: Single 3									Medicare	3.38	3.38				
Employee Totals		**Totals:**		32.13	232.94	Total YTD:	32.13	232.94		22.82					45.62
Division : 1 Northwest															
Brown, Jill	1	0-Regular Pay			650.00	0-Regular Pay		650.00	Federal WH	70.77	70.77	4-401K Plan	19.50	19.50	001036
4 444-44-4444 TX									OASDI	40.30	40.30				NORMAL
Weekly Fed: Single 0									Medicare	9.43	9.43				
Employee Totals		**Totals:**			650.00	Total YTD:		650.00		120.50			19.50		510.00
Green, Eddie	1	0-Regular Pay	15.00	40.00	600.00	0-Regular Pay	40.00	600.00	Federal WH	67.29	67.29	2-CAF Medical	25.00	25.00	001037
7 777-77-7777 TX	1	OverTime Pay	22.50	3.00	67.50	3-Bonus Pay		50.00	OASDI	42.01	42.01	3-CAF Dental	15.00	15.00	NORMAL
Weekly Fed: Single 1	1	3-Bonus Pay	0.00		50.00	OverTime Pay	3.00	67.50	Medicare	9.82	9.82				
Employee Totals		**Totals:**		43.00	717.50	Total YTD:	43.00	717.50		119.12			40.00		558.38
Black, Elizabeth G.	2	0-Regular Pay			700.00	0-Regular Pay		700.00	Federal WH	40.67	40.67				001038
6 666-66-6666 TX									OASDI	43.40	43.40				NORMAL
Weekly Fed: Married 1									Medicare	10.15	10.15				
Employee Totals		**Totals:**			700.00	Total YTD:		700.00		94.22					605.78
Carson, Dawn E.	2	0-Regular Pay	8.50	40.00	340.00	0-Regular Pay	40.00	340.00	Federal WH	0.93	0.93	2-CAF Medical	2.25	2.25	001039
5 555-55-5555 TX									OASDI	20.94	20.94	4-401K Plan	50.00	50.00	NORMAL
Weekly Fed: Single 2									Medicare	4.90	4.90				
Employee Totals		**Totals:**		40.00	340.00	Total YTD:	40.00	340.00		26.77			52.25		260.98
Jones, Susan R.	2	0-Regular Pay			650.00	0-Regular Pay		650.00	Federal WH	70.77	70.77	4-401K Plan	19.50	19.50	001040
8 888-88-8888 TX									OASDI	40.30	40.30				NORMAL
Weekly Fed: Single 0									Medicare	9.43	9.43				
Employee Totals		**Totals:**			650.00	Total YTD:		650.00		120.50			19.50		510.00

Check Type	Payee Name	Employee Number	Deduction	Check No.
	Check Date	Employee Name		Amount
Division : 0 Central				
Employee Deduction Check	Child Support Agency	1	1-Child Support	001032
	11/11/2009 12.00.00 AM	Adams, John		$75.00
Memo:	**** Case # 1234-23512 ****			
Company Deduction Check	Company 401K Check		4-401K Plan	001041
	11/11/2009 12.00.00 AM	,		$139.00
Memo:				
Federal 941 Tax Check	Any Bank USA			001042
	11/11/2009 12.00.00 AM			$1,090.55
Memo:	This 941 Tax Deposit for Quarter 4 is due on 11/18/09			
			Total Div Amount:	$1,304.55
			Grand Total:	$1,304.55

Pay and Deduction Descriptions	Current Payroll		Month to Date		Quarter to Date		Year to Date	
	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
Overall Company Totals								
Pays:								
Regular Pay	192.13	4,738.44	192.13	4,738.44	192.13	4,738.44	192.13	4,738.44
OverTime Pay	3.00	67.50	3.00	67.50	3.00	67.50	3.00	67.50
3-Bonus Pay	0.00	50.00	0.00	50.00	0.00	50.00	0.00	50.00
5-Cash Tips	0.00	164.50	0.00	164.50	0.00	164.50	0.00	164.50
Total Gross Pay	**195.13**	**5,020.44**	**195.13**	**5,020.44**	**195.13**	**5,020.44**	**195.13**	**5,020.44**
Federal Tax Deductions:								
Federal Withholding (W/H)	0.00	365.39	0.00	365.39	0.00	365.39	0.00	365.39
Medicare	0.00	71.29	0.00	71.29	0.00	71.29	0.00	71.29
OASDI	0.00	304.81	0.00	304.81	0.00	304.81	0.00	304.81
EIC	0.00	(27.04)	0.00	(27.04)	0.00	(27.04)	0.00	(27.04)
Total Federal Tax Deduction	**0.00**	**714.45**	**0.00**	**714.45**	**0.00**	**714.45**	**0.00**	**714.45**
Other Deductions:								
1-Child Support	0.00	75.00	0.00	75.00	0.00	75.00	0.00	75.00
2-CAF Medical	0.00	62.25	0.00	62.25	0.00	62.25	0.00	62.25
3-CAF Dental	0.00	42.00	0.00	42.00	0.00	42.00	0.00	42.00
4-401K Plan	0.00	139.00	0.00	139.00	0.00	139.00	0.00	139.00
5-Declining Loan	0.00	25.00	0.00	25.00	0.00	25.00	0.00	25.00
Total Other Deduction	**0.00**	**343.25**	**0.00**	**343.25**	**0.00**	**343.25**	**0.00**	**343.25**
Net Pay	**0.00**	**3,798.24**	**0.00**	**3,798.24**	**0.00**	**3,798.24**	**0.00**	**3,798.24**

Pay and Deduction Descriptions	Current Payroll		Month to Date		Quarter to Date		Year to Date	
	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
*** START *** Division (0) Central *** START ****								
Pays:								
Regular Pay	112.13	1,798.44	112.13	1,798.44	112.13	1,798.44	112.13	1,798.44
5-Cash Tips	0.00	164.50	0.00	164.50	0.00	164.50	0.00	164.50
Total Gross Pay	**112.13**	**1,962.94**	**112.13**	**1,962.94**	**112.13**	**1,962.94**	**112.13**	**1,962.94**
Federal Tax Deductions:								
Federal Withholding (W/H)	0.00	114.96	0.00	114.96	0.00	114.96	0.00	114.96
Medicare	0.00	27.56	0.00	27.56	0.00	27.56	0.00	27.56
OASDI	0.00	117.86	0.00	117.86	0.00	117.86	0.00	117.86
EIC	0.00	(27.04)	0.00	(27.04)	0.00	(27.04)	0.00	(27.04)
Total Federal Tax Deduction	**0.00**	**233.34**	**0.00**	**233.34**	**0.00**	**233.34**	**0.00**	**233.34**
Other Deductions:								
1-Child Support	0.00	75.00	0.00	75.00	0.00	75.00	0.00	75.00
2-CAF Medical	0.00	35.00	0.00	35.00	0.00	35.00	0.00	35.00
3-CAF Dental	0.00	27.00	0.00	27.00	0.00	27.00	0.00	27.00
4-401K Plan	0.00	50.00	0.00	50.00	0.00	50.00	0.00	50.00
5-Declining Loan	0.00	25.00	0.00	25.00	0.00	25.00	0.00	25.00
Total Other Deduction	**0.00**	**212.00**	**0.00**	**212.00**	**0.00**	**212.00**	**0.00**	**212.00**
Net Pay	**0.00**	**1,353.10**	**0.00**	**1,353.10**	**0.00**	**1,353.10**	**0.00**	**1,353.10**
*** END *** Division (0) Central *** END ****								

Pay and Deduction Descriptions	Current Payroll		Month to Date		Quarter to Date		Year to Date	
	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
*** START *** Division (1) Northwest *** START ****								
Pays:								
Regular Pay	80.00	2,940.00	80.00	2,940.00	80.00	2,940.00	80.00	2,940.00
OverTime Pay	3.00	67.50	3.00	67.50	3.00	67.50	3.00	67.50
3-Bonus Pay	0.00	50.00	0.00	50.00	0.00	50.00	0.00	50.00
Total Gross Pay	**83.00**	**3,057.50**	**83.00**	**3,057.50**	**83.00**	**3,057.50**	**83.00**	**3,057.50**
Federal Tax Deductions:								
Federal Withholding (W/H)	0.00	250.43	0.00	250.43	0.00	250.43	0.00	250.43
Medicare	0.00	43.73	0.00	43.73	0.00	43.73	0.00	43.73
OASDI	0.00	186.95	0.00	186.95	0.00	186.95	0.00	186.95
Total Federal Tax Deduction	**0.00**	**481.11**	**0.00**	**481.11**	**0.00**	**481.11**	**0.00**	**481.11**
Other Deductions:								
2-CAF Medical	0.00	27.25	0.00	27.25	0.00	27.25	0.00	27.25
3-CAF Dental	0.00	15.00	0.00	15.00	0.00	15.00	0.00	15.00
4-401K Plan	0.00	89.00	0.00	89.00	0.00	89.00	0.00	89.00
Total Other Deduction	**0.00**	**131.25**	**0.00**	**131.25**	**0.00**	**131.25**	**0.00**	**131.25**
Net Pay	**0.00**	**2,445.14**	**0.00**	**2,445.14**	**0.00**	**2,445.14**	**0.00**	**2,445.14**
*** END *** Division (1) Northwest *** END ****								

Accrual Descriptions	Current Payroll Dollars	Month to Date Dollars	Quarter to Date Dollars	Year to Date Dollars
Overall Company Totals				
Federal Tax Accruals:				
Federal Unemployment Insurance Tax (FUTA)	39.33	39.33	39.33	39.33
Total Federal Tax	**39.33**	**39.33**	**39.33**	**39.33**
Texas Tax Accruals:				
State Unemployment Insurance Tax (SUTA)	25.10	25.10	25.10	25.10
Smart Jobs Assessment Tax	5.02	5.02	5.02	5.02
Total Texas Tax	**30.12**	**30.12**	**30.12**	**30.12**

Accrual Descriptions	Current Payroll Dollars	Month to Date Dollars	Quarter to Date Dollars	Year to Date Dollars
	*** START *** Division (0) Central *** START ****			
Federal Tax Accruals:				
Unemployment Insurance Tax (FUTA)	15.21	15.21	15.21	15.21
Total Federal Tax	**15.21**	**15.21**	**15.21**	**15.21**
Texas Tax Accruals:				
Unemployment Insurance Tax (SUTA)	9.81	9.81	9.81	9.81
Smart Jobs Assessment Tax	1.96	1.96	1.96	1.96
Total Texas Tax	**11.77**	**11.77**	**11.77**	**11.77**
	*** END *** Division (0) Central *** END ****			

Accrual Descriptions	Current Payroll Dollars	Month to Date Dollars	Quarter to Date Dollars	Year to Date Dollars
	*** START *** Division (1) Northwest *** START ****			
Federal Tax Accruals:				
Unemployment Insurance Tax (FUTA)	24.12	24.12	24.12	24.12
Total Federal Tax	**24.12**	**24.12**	**24.12**	**24.12**
Texas Tax Accruals:				
Unemployment Insurance Tax (SUTA)	15.29	15.29	15.29	15.29
Smart Jobs Assessment Tax	3.06	3.06	3.06	3.06
Total Texas Tax	**18.35**	**18.35**	**18.35**	**18.35**
	*** END *** Division (1) Northwest *** END ****			

Pay Descriptions	Current Payroll		Month to Date		Quarter to Date		Year to Date	
	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
Division: 0	**Central**							
Department: 1	**Administration**							
Regular Pay	40.00	1,350.00	40.00	1,350.00	40.00	1,350.00	40.00	1,350.00
Department Gross Pay	40.00	1,350.00	40.00	1,350.00	40.00	1,350.00	40.00	1,350.00
Department: 2	**Hostess**							
Regular Pay	40.00	380.00	40.00	380.00	40.00	380.00	40.00	380.00
Department Gross Pay	40.00	380.00	40.00	380.00	40.00	380.00	40.00	380.00
Department: 3	**Wait Staff**							
Regular Pay	32.13	68.44	32.13	68.44	32.13	68.44	32.13	68.44
5-Cash Tips	0.00	164.50	0.00	164.50	0.00	164.50	0.00	164.50
Department Gross Pay	32.13	232.94	32.13	232.94	32.13	232.94	32.13	232.94
Division Gross Pay	112.13	1,962.94	112.13	1,962.94	112.13	1,962.94	112.13	1,962.94
Division: 1	**Northwest**							
Department: 1	**Clerical**							
Regular Pay	40.00	1,250.00	40.00	1,250.00	40.00	1,250.00	40.00	1,250.00
OverTime Pay	3.00	67.50	3.00	67.50	3.00	67.50	3.00	67.50
3-Bonus Pay	0.00	50.00	0.00	50.00	0.00	50.00	0.00	50.00
Department Gross Pay	43.00	1,367.50	43.00	1,367.50	43.00	1,367.50	43.00	1,367.50
Department: 2	**Supervisor**							
Regular Pay	40.00	1,690.00	40.00	1,690.00	40.00	1,690.00	40.00	1,690.00
Department Gross Pay	40.00	1,690.00	40.00	1,690.00	40.00	1,690.00	40.00	1,690.00
Division Gross Pay	83.00	3,057.50	83.00	3,057.50	83.00	3,057.50	83.00	3,057.50
Total Gross Pay	195.13	5,020.44	195.13	5,020.44	195.13	5,020.44	195.13	5,020.44

Account Number	Account Description	Current Payroll Debits	Current Payroll Credits	Month-To-Date Debits	Month-To-Date Credits
Division: 0	Central				
Department: 1	Administration				
Section:	ACCRUED				
102.38.42.1	FUTA (Exp)	10.40		10.40	
102.38.42.1	FUTA (Pay)		10.40		10.40
102.38.42.1	TX : SUTA (Exp)	8.09		8.09	
102.38.42.1	TX : SUTA (Pay)		8.09		8.09
Section Total:		18.49	18.49	18.49	18.49
Section:	EMPLOYEE				
309.74.22.11	Regular Pay	1,350.00		1,350.00	
309.74.22.11	Net Pay		1,012.72		1,012.72
122.97.28.7	Federal W/H		88.95		88.95
122.97.28.7	OASDI (EE)		80.54		80.54
122.97.28.7	Medicare (EE)		18.83		18.83
122.97.28.7	EIC	27.04		27.04	
202.3.11.2	1-Child Support		75.00		75.00
202.3.11.2	2-CAF Medical		30.00		30.00
202.3.11.2	3-CAF Dental		21.00		21.00
202.3.11.2	4-401K Plan		50.00		50.00
Section Total:		1,377.04	1,377.04	1,377.04	1,377.04
Section:	EMPLOYER				
112.49.1.9	Medicare (ER - Pay)		18.83		18.83
112.49.1.9	Medicare (ER - Exp)	18.83		18.83	
112.49.1.9	OASDI (ER - Pay)		80.54		80.54
112.49.1.9	OASDI (ER - Exp)	80.54		80.54	
Section Total:		99.37	99.37	99.37	99.37
Department Total: 1	Administration	1,494.90	1,494.90	1,494.90	1,494.90

Account Number	Account Description	Current Payroll Debits	Current Payroll Credits	Month-To-Date Debits	Month-To-Date Credits
Department:	2 Hostess				
Section:	ACCRUED				
102.38.42.1	FUTA (Exp)	2.95		2.95	
102.38.42.1	FUTA (Pay)		2.95		2.95
102.38.42.1	TX : SUTA (Exp)	2.28		2.28	
102.38.42.1	TX : SUTA (Pay)		2.28		2.28
Section Total:		5.23	5.23	5.23	5.23
Section:	EMPLOYEE				
309.74.22.11	Regular Pay	380.00		380.00	
309.74.22.11	Net Pay		294.76		294.76
122.97.28.7	Federal W/H		21.01		21.01
122.97.28.7	OASDI (EE)		22.88		22.88
122.97.28.7	Medicare (EE)		5.35		5.35
202.3.11.2	2-CAF Medical		5.00		5.00
202.3.11.2	3-CAF Dental		6.00		6.00
202.3.11.2	5-Declining Loan		25.00		25.00
Section Total:		380.00	380.00	380.00	380.00
Section:	EMPLOYER				
112.49.1.9	Medicare (ER - Pay)		5.35		5.35
112.49.1.9	Medicare (ER - Exp)	5.35		5.35	
112.49.1.9	OASDI (ER - Pay)		22.88		22.88
112.49.1.9	OASDI (ER - Exp)	22.88		22.88	
Section Total:		28.23	28.23	28.23	28.23
Department Total:	2 Hostess	413.46	413.46	413.46	413.46
Department:	3 Wait Staff				
Section:	ACCRUED				
102.38.42.1	FUTA (Exp)	1.86		1.86	
102.38.42.1	FUTA (Pay)		1.86		1.86
102.38.42.1	TX : SUTA (Exp)	1.40		1.40	
102.38.42.1	TX : SUTA (Pay)		1.40		1.40
Section Total:		3.26	3.26	3.26	3.26
Section:	EMPLOYEE				
309.74.22.11	Regular Pay	68.44		68.44	
309.74.22.11	5-Cash Tips (Reported)	164.50	164.50	164.50	164.50
309.74.22.11	Net Pay		45.62		45.62
122.97.28.7	Federal W/H		5.00		5.00
122.97.28.7	OASDI (EE)		14.44		14.44
122.97.28.7	Medicare (EE)		3.38		3.38
Section Total:		232.94	232.94	232.94	232.94
Section:	EMPLOYER				
112.49.1.9	Medicare (ER - Pay)		3.38		3.38
112.49.1.9	Medicare (ER - Exp)	3.38		3.38	
112.49.1.9	OASDI (ER - Pay)		14.44		14.44
112.49.1.9	OASDI (ER - Exp)	14.44		14.44	
Section Total:		17.82	17.82	17.82	17.82
Department Total:	3 Wait Staff	254.02	254.02	254.02	254.02
Division Total:	0 Central	2,162.38	2,162.38	2,162.38	2,162.38

Account Number	Account Description	Current Payroll Debits	Current Payroll Credits	Month-To-Date Debits	Month-To-Date Credits
Division: 1	Northwest				
Department: 1	Clerical				
Section:	ACCRUED				
102.38.42.1	FUTA (Exp)	10.62		10.62	
102.38.42.1	FUTA (Pay)		10.62		10.62
102.38.42.1	TX : SUTA (Exp)	8.21		8.21	
102.38.42.1	TX : SUTA (Pay)		8.21		8.21
Section Total:		18.83	18.83	18.83	18.83
Section:	EMPLOYEE				
309.74.22.11	Regular Pay	1,250.00		1,250.00	
309.74.22.11	OT Pay	67.50		67.50	
309.74.22.11	3-Bonus Pay	50.00		50.00	
309.74.22.11	Net Pay		1,068.38		1,068.38
122.97.28.7	Federal W/H		138.06		138.06
122.97.28.7	OASDI (EE)		82.31		82.31
122.97.28.7	Medicare (EE)		19.25		19.25
202.3.11.2	2-CAF Medical		25.00		25.00
202.3.11.2	3-CAF Dental		15.00		15.00
202.3.11.2	4-401K Plan		19.50		19.50
Section Total:		1,367.50	1,367.50	1,367.50	1,367.50
Section:	EMPLOYER				
112.49.1.9	Medicare (ER - Pay)		19.25		19.25
112.49.1.9	Medicare (ER - Exp)	19.25		19.25	
112.49.1.9	OASDI (ER - Pay)		82.31		82.31
112.49.1.9	OASDI (ER - Exp)	82.31		82.31	
Section Total:		101.56	101.56	101.56	101.56
Department Total: 1	Clerical	1,487.89	1,487.89	1,487.89	1,487.89

Account Number	Account Description	Current Payroll Debits	Current Payroll Credits	Month-To-Date Debits	Month-To-Date Credits
Department:	2 Supervisor				
Section:	ACCRUED				
102.38.42.1	FUTA (Exp)	13.50		13.50	
102.38.42.1	FUTA (Pay)		13.50		13.50
102.38.42.1	TX : SUTA (Exp)	10.14		10.14	
102.38.42.1	TX : SUTA (Pay)		10.14		10.14
Section Total:		23.64	23.64	23.64	23.64
Section:	EMPLOYEE				
309.74.22.11	Regular Pay	1,690.00		1,690.00	
309.74.22.11	Net Pay		1,376.76		1,376.76
122.97.28.7	Federal W/H		112.37		112.37
122.97.28.7	OASDI (EE)		104.64		104.64
122.97.28.7	Medicare (EE)		24.48		24.48
202.3.11.2	2-CAF Medical		2.25		2.25
202.3.11.2	4-401K Plan		69.50		69.50
Section Total:		1,690.00	1,690.00	1,690.00	1,690.00
Section:	EMPLOYER				
112.49.1.9	Medicare (ER - Pay)		24.48		24.48
112.49.1.9	Medicare (ER - Exp)	24.48		24.48	
112.49.1.9	OASDI (ER - Pay)		104.64		104.64
112.49.1.9	OASDI (ER - Exp)	104.64		104.64	
Section Total:		129.12	129.12	129.12	129.12
Department Total:	2 Supervisor	1,842.76	1,842.76	1,842.76	1,842.76
Division Total:	1 Northwest	3,330.65	3,330.65	3,330.65	3,330.65
Grand Totals:		**5,493.03**	**5,493.03**	**5,493.03**	**5,493.03**

Account Number	Account Description	Current Payroll		Month-To-Date	
		Debits	Credits	Debits	Credits
102.38.42.1	Accrued Taxes	69.45	69.45	69.45	69.45
112.49.1.9	Employer Taxes	376.10	376.10	376.10	376.10
122.97.28.7	Employee Taxes	27.04	741.49	27.04	741.49
202.3.11.2	Deductions	0.00	343.25	0.00	343.25
309.74.22.11	Pays	5,020.44	3,962.74	5,020.44	3,962.74
Grand Totals:		**5,493.03**	**5,493.03**	**5,493.03**	**5,493.03**

Employee Number and Name	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 1-Child Support					
(1) Adams, John D.	75.00	75.00	75.00	75.00	
1-Child Support Deduction Total:	75.00	75.00	75.00	75.00	

Employee Number and Name	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 2-CAF Medical					
(1) Adams, John D.	10.00	10.00	10.00	10.00	
(2) Watts, Frank	20.00	20.00	20.00	20.00	
(3) Brown, Tom	5.00	5.00	5.00	5.00	
(7) Green, Eddie	25.00	25.00	25.00	25.00	
(5) Carson, Dawn E.	2.25	2.25	2.25	2.25	
2-CAF Medical Deduction Total:	62.25	62.25	62.25	62.25	

Employee Number and Name	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 3-CAF Dental					
(1) Adams, John D.	5.00	5.00	5.00	5.00	
(2) Watts, Frank	16.00	16.00	16.00	16.00	
(3) Brown, Tom	6.00	6.00	6.00	6.00	
(7) Green, Eddie	15.00	15.00	15.00	15.00	
3-CAF Dental Deduction Total:	42.00	42.00	42.00	42.00	

Employee Number and Name	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 4-401K Plan					
(1) Adams, John D.	50.00	50.00	50.00	50.00	
(2) Watts, Frank	0.00	0.00	0.00	0.00	
(3) Brown, Tom	0.00	0.00	0.00	0.00	
(9) Morris, Julie	0.00	0.00	0.00	0.00	
(4) Brown, Jill	19.50	19.50	19.50	19.50	
(7) Green, Eddie	0.00	0.00	0.00	0.00	
(6) Black, Elizabeth G.	0.00	0.00	0.00	0.00	
(5) Carson, Dawn E.	50.00	50.00	50.00	50.00	
(8) Jones, Susan R.	19.50	19.50	19.50	19.50	
4-401K Plan Deduction Total:	139.00	139.00	139.00	139.00	

Employee Number and Name	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 5-Declining Loan					
(3) Brown, Tom	25.00	25.00	25.00	25.00	
5-Declining Loan Deduction Total:	25.00	25.00	25.00	25.00	
Total Company Deductions:	**343.25**	**343.25**	**343.25**	**343.25**	

A Sample Company

Grand Prairie, TX 75052
Phone: (972)
Fax:

SNELLING PAYROLL SERVICES

PAYROLL WORKSHEET FAX COVER PAGE

To Company:	SNELLING PAYROLL SERVICES	From Company:	(26) A Sample Company
Attention:	EEC.1	Contact:	
Fax:	(806) 797-7125	Total Pages Including Cover:	
Phone:	(806) 797-3286	Date:	

☐ Please Call When Received ☐ Please Call For Additional Instructions

Additional Notes / Comments / Requests:

* W = Work State * R = Resident State

Employee Number and Employee Name / Hire / SSN No. / Federal Wh / Fx/Ext / Birth / Pay Freq. / State Wh * (W) / Fx/Ext / Type / DD / EIC / State Wh * (R) / Fx/Ext	Rates / Salary & Raise Dates	Rate Chg	Dept. No.	Regular Hours	Overtime Hours	Other Pays Cd	Other Pays Hours	Other Pays Amount	Other Ded's Cd	Other Ded's Amount	Automatic Pays and Deductions Cd	Description	Amount	Limit	Balance
Division: 0 Central															
1 **Adams, John D.**	(1) 10.0000 ()		1	40	8						D	1-Child Support	75.00		
01-01-2001 111-11-1111 Fed: Single 2	(2) ()										D	2-CAF Medical	10.00		
01-01-1956 Weekly TX: N/A	(3) ()										D	3-CAF Dental	5.00		
Regular DD Single	()										D	4-401K Plan	50.00		
2 **Watts, Frank**	(1) ()		1								D	2-CAF Medical	20.00		
01-01-1997 222-22-2222 Fed: Married 0	(2) ()			✓							D	3-CAF Dental	16.00		
01-01-1946 Weekly TX: N/A	(3) ()										D	4-401K Plan	0.00		
Regular DD None	950.00 ()														
3 **Brown, Tom**	(1) 9.5000 ()		2	24							D	2-CAF Medical	5.00		
01-01-1996 333-33-3333 Fed: Single 1	(2) 10.5000 ()			8		1	8				D	3-CAF Dental	6.00		
01-01-1970 Weekly TX: N/A	(3) ()										D	4-401K Plan	0.00		
Regular None	()										D	5-Dedining Loan	25.00	500.00	400.00
9 **Morris, Julie**	(1) 2.1300 ()		3								D	4-401K Plan	0.00		
03-30-2001 999-99-9999 Fed: Single 3 5.00	(2) ()			✗											
Weekly TX: N/A	(3) ()														
Regular None	()														
Division: 1 Northwest															
4 **Brown, Jill**	(1) ()		1								D	4-401K Plan	.03		
01-01-1995 444-44-4444 Fed: Single 0	(2) ()			✓											
01-01-1969 Weekly TX: N/A	(3) ()														
Regular DD None	650.00 ()														
7 **Green, Eddie**	(1) 15.0000 ()		1	40		3		$250			D	2-CAF Medical	25.00		
01-01-1980 777-77-7777 Fed: Single 1	(2) ()										D	3-CAF Dental	15.00		
02-20-1971 Weekly TX: N/A	(3) ()										D	4-401K Plan	0.00		
Regular None	()										P	3-Bonus Pay	50.00		

Pay Period Start: -- -- **End:** -- -- **Check Date:** -- -- **Last Check Date:** 11-11-2009

Co. No: 26 A Sample Company **PAYROLL WORKSHEET**

* W = Work State * R = Resident State

Employee Number and Employee Name / Hire / Birth / Type	SSN No. / Pay Freq. / DD / EIC	Federal Wh / State Wh * (W) / State Wh * (R)	Fx/Ext	Rates / Salary & Raise Dates	Rate Chg	Dept. No.	Regular Hours	Overtime Hours	Other Pays Cd	Other Pays Hours	Other Pays Amount	Other Ded's Cd	Other Ded's Amount	Automatic Pays and Deductions Cd	Description	Amount	Limit	Balance
6 **Black, Elizabeth G.**				(1) ()		2								D	4-401K Plan	0.00		
01-01-1994	666-66-6666	Fed: Married 1		(2) ()			✓											
07-27-1973	Weekly	TX: N/A		(3) ()														
Regular	None			700.00 ()														
5 **Carson, Dawn E.**				(1) 8.5000 ()		2	32							D	2-CAF Medical	2.25		
01-01-1995	555-55-5555	Fed: Single 2		(2) ()										D	4-401K Plan	50.00		
	Weekly	TX: N/A		(3) ()														
Regular	None			()														
8 **Jones, Susan R.**				(1) ()		2								D	4-401K Plan	.03		
05-21-2001	888-88-8888	Fed: Single 0		(2) ()			✓											
	Weekly	TX: N/A		(3) ()														
Regular	None			650.00 ()														

* Required Data M/S = Married or Single (Tax Filing Status) ** (W/R) = State Withholding Work State / Resident State

Emp. No.*	Div. No.	Dept. No.*	Phone	Soc. Sec. No.*	Pay Frequency*	Rate 1	Rate 2	Rate 3	Salary

First Name*	Mid.*	Last Name*	Fed M/S *	Fed. Dep.*	Extra Fed. W/H	Fixed Fed. W/H	E I C Code

Street Address	State WH **	St (M/S) **	St. Dep **	Extra St. W/H **	State for UCI

City	State	Zip	Hire Date	Birth Date	Termination Date

EMPLOYEE PAYROLL INPUT FOR THIS PAY PERIOD:	Rate	Dept No	Reg Hrs	O.T. Hrs	Cd	Pay Hrs	Pay Amt	Cd	Ded Amt	Notes

* Required Data M/S = Married or Single (Tax Filing Status) ** (W/R) = State Withholding Work State / Resident State

Emp. No.*	Div. No.	Dept. No.*	Phone	Soc. Sec. No.*	Pay Frequency*	Rate 1	Rate 2	Rate 3	Salary

First Name*	Mid.*	Last Name*	Fed M/S *	Fed. Dep.*	Extra Fed. W/H	Fixed Fed. W/H	E I C Code

Street Address	State WH **	St (M/S) **	St. Dep **	Extra St. W/H **	State for UCI

City	State	Zip	Hire Date	Birth Date	Termination Date

EMPLOYEE PAYROLL INPUT FOR THIS PAY PERIOD:	Rate	Dept No	Reg Hrs	O.T. Hrs	Cd	Pay Hrs	Pay Amt	Cd	Ded Amt	Notes

New Employee Form

Co. No: 26 A Sample Company **PAYROLL WORKSHEET** **Check Date:** -- --

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.
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

Emp. No.	Employee Name			Soc. Sec. 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

***** PLEASE FAX THIS SHEET FOR PAYROLL VERIFICATION *****

Payroll Worksheet Totals
(Please include hours for New Employees in these totals.)

Total Entries:		**Total Overtime Hours:**	
Total New Employees:		**Total Other Hours:**	
Total Regular Hours:		**Total Hours:**	

Other Pays and Deductions List

Pay Descriptions	Deduction Descriptions
0-Regular Pay	1-Child Support
1-Vacation Pay	2-CAF Medical
2-Sick Pay	3-CAF Dental
3-Bonus Pay	4-401K Plan
4-Holiday Pay	5-Declining Loan
5-Cash Tips	
6-Third Party Sick - Taxable	

Delivery Method: Pickup - Call ☐ **One time change to:** _____ ☐ **Permanent Change to:** _____

Next Highest EE # : 10 **Next Lowest Available EE # 's:** 19, 18, 17, 16, 15, 14, 13, 12, 11, 10,

Prepared By: SNELLING PAYROLL SERVICES
2222 Indiana Avenue
Lubbock, TX 79410
Phone: (806) 797-3286 Fax: (806) 797-7125

EE Control Count Figure: 45

Co. No: 26 A Sample Company

PAYROLL WORKSHEET

Last Check Date: 11-11-2009