

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	000
YC1	000000	000000	00000	00000000000	0

Your Name
Your Address

Filing Status: Head of household
Exemptions/Allowances:
Federal: Standard Withholding Table

Earnings Statement

ADP®

Period Beginning: 01/00/2024
Period Ending: 01/00/2024
Pay Date: 01/00/2024

Your Name
Your Address

Earnings	hours	this period	year to date
Regular			
Holiday			

Gross Pay	\$0.00
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Deductions	Statutory
	Social Security
	Medicare
	Fed Income Tax
	NY Income Tax
	NY Disability
	NY Disability PFL
Net Pay	\$0.00
Net Check	\$0.00

Your federal taxable wages this period are \$0.00
Your NY taxable wages this period are \$0.00
Your New York taxable wages this period are \$0.00

Other Benefits and Information	this period	total to date
Sick Hours Bal		
Vac Hours Bal		

Important Notes

Additional Tax Withholding Information		
Taxable Marital Status:	AA :	Single
	AA AA :	Single
Exemptions/Allowances:	AA :	0
	AA AA :	0
	SSN:	XXX-XX-XXXX

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Advice number: 0000000000
Pay date: 01/00/2024

Deposited to the account of	account number	transit	ABA	amount
Your Name	XXXXXXXXXX	XXXX	XXXX	\$0.00

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK NUMBER 000
DP3 000000 000000 000000 0000000000 0

Earnings Statement



Your Name
Your Address

Period Beginning: 01/00/2024
Period Ending: 01/00/2024
Pay Date: 01/00/2024

Taxable Marital Status: SINGLE
Exemptions/Allowances:
Federal: 0
ON: 0

Your Name
Your Address

Earnings	rate	hours	this period	year to date
Regular				
Vacation				
Overtime				
Bonus				
Gross Pay			\$0.00	

Other Benefits and Information	this period	total to date
Sick Bal		

Important Notes

Deductions	Statutory
	Gov Pens
	EI Cont
	Federal Income Tax
	Net Pay
	\$0.00
	Net Check
	\$0.00

Your federal taxable wages
this period are \$0.00

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Your Name
Your Address

Payroll check number:
Pay date: 000000000 01/00/2024

Pay to the
order of:

Your Name

This amount:

Amount

\$0.00

VOID NON-NEGOTIABLE VOID NON-NEGOTIABLE

THIS IS NOT A CHECK

Company Name
Company Address

Jan 01, 2024

Amount

\$0.00

This is not a check

Pay to the order of

Your Name
Your Address

Company Name
Company Address

Earnings Statement

Employee Information	Social Sec. ID	Employee ID	Start Date	End Date	Check date
Your Name Your Address	XXX-XX-XXXX	000000	01/00/2024	01/00/2024	01/00/2024

Earnings	Rate	Current	Year to Date	Deductions	Current	Year to Date
Salary	0.00	0.00	0.00	FICA-Medicare FICA-Social Security Federal tax State tax SDI		

Gross Earnings	\$0.00	\$0.00	Gross Deductions	\$0.00	\$0.00
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Check No.	#0000
Net Pay	\$0.00
YTD Net Pay	\$0.00

Employee Name		Social Sec. ID	Employee ID	Check No.	Pay Record	Pay Date
Your Name		XXX-XX-XXXX		0000	01/00/2024 - 01/00/2024	01/00/2024
Earnings	Rate	Hours	Current	Deductions	Current	Year to Date
Regular Income				Federal Income Tax Social Security Medicare California SDI California State Tax		

Earnings Statement

Period Starting:

01/00/2024

Period Ending:

01/00/2024

Pay Date:

04/00/2024

Business Phone:

000-000-0000

Taxable Filing Status: Head Of Household

Exemptions/Allowances:

Federal:

Std W/H Table

State:

0

Local:

0

Social Security Number:XXX-XX-XXXX

Your Name

Your Address

Earnings	rate	hours/units	this period	year to date	Other Benefits and Information	this period	year to date
Regular							
Overtime							
PTO 6							
Holiday							
Bonus							
Misc pay							
Parking Bonus							
Gross Pay			\$0.00	\$0.00			
Statutory Deductions			this period	year to date	Deposits	transit/ABA	amount
Social Security					account number		
Medicare					XXXXXXXXXX	XXXXXXXXXX	0.00
Fed Income Tax					Important Notes		
NY Income Tax					Basis of pay: Salary		
NY Disability							
NY Disability PFL							
NY NYC Inc							
Net Pay			\$0.00				

Your federal taxable wages this period are \$0.00

Company Name

Company Address

Pay Date:

01/00/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	XXXXXXXXXX	XXXXXXXXXX	0.00

Your Name

Your Address

THIS IS NOT A CHECK

