Emplo	oyee Name:	First Name	(Exa	(Exactly as it appears on Social Security Card)				Date of Birth:(Day/month/year)			
	Security No [Date of termination:				
	Washir	Dav. Davia d		Soc	Addition (. f)	(Day/month/year) Deduction (-\$)					
Wk	Weekly Pay Period (SS week is from Monday- Sunday)		Days worked or on	Weekly Pay	Addition (+\$) Bonus, Tips,	Social		Net Pay	Employee Signature		
No _	(Day/month/year)	(Day/month/year)	Paid Leave		etc	Security	Other				
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Notes/Comments

Employee Name:			(Exactly as it appears on Social Security Card)			Social Securi	ty No			
Wk No	Weekly Pay Period		Days worked or on		Addition (+\$)	Deduction (-\$)				
	(SS week is from (Day/month/year)	(Day/month/year)	Paid Leave	Weekly Pay	Bonus, Tips, etc	Social Security	Other	Net Pay	Employee Signature	
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Notes	(Comments								SOCIAL SECURITY BOARD	