

NAME  
ADDRESS  
CITY, STATE  
PHONE #

EMPLOYER'S FEDERAL  
REGISTRATION NO.

This Transmittal Covers ALL Payroll Weeks Ending as Shown Below

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1	2	3	4	5				6	7
SOC. SEC. #	Name of Employee (last name, first name, middle initial)	Class	Pay Rate	CLOCK HOURS				GROSS HOURS	GROSS PAY
				REG.	1 1/2X	2X	TOTAL		
Check when more forms are needed.				TOTAL THIS PAGE					