

Payroll Verification Form

Company Name **Payment Date:** Mm/dd/yy

Employee Name **Gross Pay:** (\$00.00)

Pay Frequency Weekly **Net Pay:** (\$00.00)

Pay Period Mm/dd/yy -
Mm/dd/yy

Hourly Rate: \$ 00.00

Payroll Category:	Hours	Amount	Job #	Type
Base Hourly	40	(\$00.00)		Wages
401K 6%		(\$00.00)		Deductions
Federal Income Tax		(\$00.00)		Taxes
Federal Social Security Tax		(\$00.00)		Taxes
New Jersey Rate "A"		(\$00.00)		Taxes
New Jersey Disability Ins.		(\$00.00)		Taxes
New Jersey Health Care		(\$00.00)		Taxes
New Jersey Unemployment Tax		(\$00.00)		Taxes
New Jersey Work Force		(\$00.00)		Taxes

