

1. Employer name, address, and phone number									
2. Employee name			3. Dates covered by payment						
ABC Company, Inc. 1 Main Street Any town, NY 12000 Ph: 518-457-9000			Pay Period: 1/08/2017 - 1/14/2017				Pay Date: 1/17/2017		No: 0001
Employee: John Doe									
Rate: Hourly	Hours Regular	Hours Overtime	Allowance/ Credit	Gross Current	Gross Year to Date	Deductions Current	Deductions Year to Date	Net Pay	Vacation Year to Date
9.70	40			388.00	776.00				
14.55		5		72.75	145.50				
FICA						-33.36	-66.72		
Fed WT						-44.80	-89.60		
NY WT						-13.44	-26.88		
Disability						-.60	-1.20		
Garnishment						-35.00	-70.00		
Uniform pay			\$12.05	12.05	24.10				
Meals (3)			\$10.05	10.05	20.10	- 10.05	-20.10		
Vacation Hours Earned .75									
				482.85	965.70	-137.25	-274.50	\$345.60	1.50

LS 49 (02/17)