

NAME OF DAY CARE CENTER

Address

Saipan, MP 96950

PAYROLL SUMMARY

Pay Period Covering: March to March

NAME	Title/ Position	GROSS PAY			FICA	Medicare	CH 2	Ch 7	TOTAL	NET PAY	Check Number
		# of hrs.	Rate/hr.	Total	6.20%	1.45%			DEDUCTION		
1) Jane Doe 1				\$ -	\$ -	\$ -			\$ -	\$ -	
2) Jane Doe 2											
3) Jane Doe 3											

TOTAL

I, _____ do hereby declare under the penalty of perjury that the information stated herein are true and correct to the best of my knowledge.

Signature: _____

Name and Title