

NO. 253P - PAYROLL AND SOCIAL SECURITY RECORD

Large 13"x 9½" size
Wire Bound

Twenty-five yearly forms containing all the information you need in one compact, wire-bound book.

EMPLOYEE'S SOCIAL SECURITY HISTORY AND INCOME TAX RECORD

EMPLOYEE'S FULL NAME _____ SOCIAL SECURITY NO. _____ DATE STARTED _____ LEFT _____
 STREET NO. _____ RATE OF PAY: REGULAR _____ (OVERTIME) _____
 CITY _____ STATE _____ ZIP _____ PHONE _____ AGE _____ U.S. CITIZEN _____
 MARITAL STATUS _____ BIRTHPLACE: CHY _____ STATE _____ PREVIOUS EMP. _____
 NO. OF EXEMPTIONS _____ IN CASE OF ACCIDENT NOTIFY _____

YEAR	PAYROLL ENDING DATE	TIME WORKED			TIME LOST		EMPLOYEE'S EARNINGS					DEDUCTIONS				NET AMOUNT PAID	
		WKS	HRS	DAYS	HRS	REASON	SALARY OR WAGE PAID	BONUS OR COMMISSION	OVERTIME OR OTHER EARNINGS	TOTAL EARNINGS	FED. W.H. TAX	STATE W.H. TAX	SOC. SEC. O.A.B. TAX	TOTAL DEDUCTIONS	CHECK NUMBER		
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
OTR TOTALS																	

Backside:

EMPLOYEE'S SOCIAL SECURITY HISTORY AND INCOME TAX RECORD

EMPLOYEE'S FULL NAME _____ SOCIAL SECURITY NO. _____

YEAR	PAYROLL ENDING DATE	TIME WORKED			TIME LOST		EMPLOYEE'S EARNINGS					DEDUCTIONS				TO DATE	
		WKS	HRS	DAYS	HRS	REASON	SALARY OR WAGE PAID	BONUS OR COMMISSION	OVERTIME OR OTHER EARNINGS	TOTAL EARNINGS	FED. W.H. TAX	STATE W.H. TAX	SOC. SEC. O.A.B. TAX	TOTAL DEDUCTIONS			
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	
35																	
36																	
37																	
38																	
39																	
OTR TOTALS YEAR TO DATE																	

Employee's Earning Statement

Period from _____ to _____

Salary or Wages \$ _____

Total Earnings \$ _____

DEDUCTIONS	
Fed. O. A. B.	\$ _____
Fed. Withhold	_____
State Withhold	_____
Insurance	_____
State U. I.	_____
Other	_____

Total Deductions _____

Net Amount \$ _____

Employee _____

Employee's S. Sec. No. _____

Employer _____

Employer's Ident. No. _____

Date Paid _____

NO. 275M - EMPLOYEE'S EARNING STATEMENT

Size: 3"x 5 1/4" • 100 sheets to a pad • 12 pads to a package.

Provides a proper receipt to employees, covering all tax deductions from wages (withholding, O.A.B., bonds, insurance, State Unemployment), spaces for entering employee's name, social security number, employer's name, identification number and date paid.