

\*\*\*\*\* PLEASE FAX THIS SHEET FOR PAYROLL VERIFICATION \*\*\*\*\*

**Payroll Worksheet Totals**  
(Please include hours for New Employees in these totals.)

Total Entries: \_\_\_\_\_  
Total New Employees: \_\_\_\_\_  
Total Regular Hours: \_\_\_\_\_

Total Overtime Hours: \_\_\_\_\_  
Total Other Hours: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

**Other Pays and Deductions List**

Pay Descriptions	Deduction Descriptions
0-Regular Pay	1-<1099 Contract Labor>
1-Commission	2-Child Support
2-Bonus	6-Med 125
3-PTO	7-Dental
5-Sick	8-<Travel Reimb>
6-Piece Work	9-Loan
	M1-401(k) Match

Delivery Method: Pickup - Call  One time change to: \_\_\_\_\_  Permanent Change to: \_\_\_\_\_

Next Highest EE #: 55      Next Lowest Available EE #'s: 14, 13, 12, 11, 10, 9, 8, 7, 6, 5,

Prepared By: Innovative Payroll Services, LLC  
7250 Westfield Avenue ~ Suite M  
Pennsauken, NJ 08110  
Phone: (856) 380-5700      Fax: (609) 482-8887

EE Control Count Figure:  
63

Co. No: 3      Sample Company

**PAYROLL WORKSHEET**

Last Check Date: 03-07-2008