



# Manual Check Form

To: Affiliated Payroll

From: \_\_\_\_\_

Fax: (713) 777-1270

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Gross Amount: \_\_\_\_\_

FICA SS: \_\_\_\_\_

FICA Med: \_\_\_\_\_

FWH: \_\_\_\_\_

## Deductions:

Description	Amount
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_____	\$ _____
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_____	\$ _____
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Net Check	\$ _____
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