

VOIDED CHECKS

Emp. No.	Employee Name	Soc. Sec. No.	Check Date	Check No.	Check Net

HAND WRITTEN (MANUAL) CHECKS

Emp. No.	Employee Name				Soc. Sec. No.		Emp. No.	Employee Name				Soc. Sec. No.
UCI State	Work WH State	Res. WH State	Net	Check No.			UCI State	Work WH State	Res. WH State	Net	Check No.	

Gross	Federal Withholding	Employee UCI	Deductions
Regular Pay	Social Security (OASDI)	St. Disability	Deductions
Over Time Pay	Medicare	St. WH (Work)	Deductions
Other Pays	EIC	St. WH (Res)	
Other Pays		L&I / WC	
Special Notes		NJ Workforce	
		NJ HealthCare	
		Locals	

Gross	Federal Withholding	Employee UCI	Deductions
Regular Pay	Social Security (OASDI)	St. Disability	Deductions
Over Time Pay	Medicare	St. WH (Work)	Deductions
Other Pays	EIC	St. WH (Res)	
Other Pays		L&I / WC	
Special Notes		NJ Workforce	
		NJ HealthCare	
		Locals	

Hand Written (Manual) / Voided Checks