



Innovative Payroll Services, LLC
 7250 Westfield Avenue ~ Suite M
 Pennsauken, NJ 08110

Confidential For: Nate or Mary Hughes
 Sample Company
 1234 Any Street
 Any City, TX 78216

Payroll Contact: Mary @ (210) 366-0001

(3) **Delivery Method:** Pickup - Call

Reports Included with your Payroll Package

- ▶ Missing New Hire Information
- ▶ Tax Deposit Liabilities & Due Dates
- ▶ Payroll Register
- ▶ Special Checks Register
- ▶ Payroll Register Totals
- ▶ Payroll UI Totals
- ▶ Payroll Check
- ▶ 11,Special Check

Pay Period:	Weekly 03/07/08 - 03/07/08	Check Date: 03/07/08
Co. No.: 3	Sample Company	PAYROLL LABEL REPORT
		Payroll Number: 1

Current Payroll Tax Liabilities

***** To-Date Tax Liabilities (Please Read) *****

Basic Company Information
Sample Company 1234 Any Street Any City, TX 78216
Company No: 3

Payroll Dates
Check Date: 03/07/08 (1) Period Start Date: 03/07/08 (1) Period End Date: 03/07/08
Federal Deposit Freq.: MONTHLY Federal Deposit Method: Total Tax

Payroll Statistics			
No. of PR Checks:	1	Total Check Net:	\$1,696.66
No. of Misc Checks:	1	Total Misc. Net:	\$106.52
No. of Tax Checks:	0		
No. of Adj. Entries:	0	Total Adj. Net:	\$0.00
No. of Void Entries:	0	Total Void Net:	\$0.00
No. of DD Vouchers:	1	Total PR Net:	\$1,803.18
Total PR Gross:	\$2,620.00	Invoice Amt:	\$109.00

Federal Tax Section

Federal Tax Deposit Liability (941)	
Federal Withholding Tax	\$460.02
Earned Income Credit	\$0.00
Social Security (Employer Portion)	\$155.43
Social Security (Employee Portion)	\$155.43
Medicare (Employer Portion)	\$36.36
Medicare (Employee Portion)	\$36.36
Total PR Federal 941 Liability	\$843.60

Total Unpaid 941 Liability -- DUE	\$843.60
<i>This amount will be withdrawn 1 day(s) before your checkdate</i>	
<i>The total withdrawal will be listed at the end of the report</i>	
Quarter / Year : 1-2008	Tax Type: 941

Federal Unemployment Liability (940)	
Federal Unemployment Tax (FUTA)	\$20.06
Total PR Federal 940 Liability	\$20.06

New Jersey Tax Section

New Jersey State Withholding Liability	
State Withholding Tax (W/H)	\$97.05
Total New Jersey PR WH Liability	\$97.05

Total Unpaid NJ State Withholding Liability -- NOT DUE	\$97.05
<i>This amount is currently not due</i>	
03/07/2008 : 97.05	

New Jersey Disability Liability	
State Disability Tax (SDI - Emp'ee Portion)	\$13.10
Total NJ PR SDI Liability	\$13.10

New Jersey Unemployment Liability	
State Unemployment Tax (SUTA Emp'er Portion)	\$70.74
State Unemployment Tax (SUTA Emp'ee Portion)	\$10.02
Workforce Tax (WF - Emp'ee Portion)	\$1.11
Total NJ PR SUTA Liability	\$81.87

Pennsylvania Tax Section

PA - LST - SPRINGFIELD TWP, DELAWARE COUNTY Local Withholding Liability	
Local Withholding Tax (LIT)	\$2.17
Total PR Local WH Liability	\$2.17

Total Unpaid Local Withholding Liability -- NOT DUE	\$2.17
<i>This amount is currently not due</i>	
03/07/2008 : 2.17	

Pay Period: Weekly 03/07/08 - 03/07/08

Check Date: 03/07/08

Co. No: 3 Sample Company

TAX LIABILITIES / DEPOSITS & DUE DATES

Payroll Number: 1

Page: A - 1

Current Payroll Tax Liabilities

*** To-Date Tax Liabilities (Please Read) ***

Total Tax Deposit \$1,057.85

***** Total Bank Deposit: \$2,970.03

Pay Period: Weekly 03/07/08 - 03/07/08

Check Date: 03/07/08

Co. No: 3 Sample Company

TAX LIABILITIES / DEPOSITS & DUE DATES

Payroll Number: 1

Page: A - 2

Employee Name (State for)			Dept. No.	Pays						Taxes			Deductions & Memos			Ck. No.	
Emp. No.	SSN No.	UCI		Current			Year-to-Date			Tax	Current	YTD	Deduction	Current	YTD	Type	
Pay Freq.	Tax Status			Description	Rate	Hours	Pay	Description	Hours	Amount	Description	Amount	Amount	Description	Amount	Amount	Net Pay
Smith, John S.			1	0-Regular Pay	10.00	35.00	350.00	0-Regular Pay	35.00	850.00	Federal WH	132.19	132.19				010009
2	222-22-2222	NJ	1	0-Regular Pay	0.00	0.00	500.00				OASDI	52.70	52.70				NORMAL
Weekly	Fed: Single	0									Medicare	12.33	12.33				
	NJ Single	0									NJ: State WH	20.22	20.22				
											NJ: State SDI	4.25	4.25				
											NJ: EE SUI	3.25	3.25				
											NJ: EE WF	0.36	0.36				
Employee Totals				Totals:		35.00	850.00	Total YTD:	35.00	850.00		225.30					624.70
Gianni, Salvatore			1	0-Regular Pay	20.25	80.00	1,620.00	0-Regular Pay	80.00	1,620.00	Federal WH	327.83	327.83	5-401(k)	35.00	35.00	2000000
3	999-99-9999	NJ	1	1-Commission	0.00		150.00	1-Commission		150.00	OASDI	102.73	102.73	6-Med 125	106.52	106.52	DD
Weekly	Fed: Single	0									Medicare	24.03	24.03	7-Dental	6.56	6.56	
	NJ Single	0									NJ: State WH	76.83	76.83				
	TX N/A										NJ: State SDI	8.85	8.85				
											NJ: EE SUI	6.77	6.77				
											NJ: EE WF	0.75	0.75				
											PA: Loc-LST - S	2.17	2.17				
Employee Totals				Totals:		80.00	1,770.00	Total YTD:	80.00	1,770.00		549.96			148.08		1,071.96

Check Type	Payee Name	Employee Number	Deduction	Check No.	Amount
	Check Date	Employee Name			
Company Deduction Check	American Life - Test Check		6-Med 125	010010	
	03/07/2008 12.00.00 AM	,			\$106.52
Memo: **** CS# 6513216511 ****					

Pay and Deduction Descriptions	Current Payroll		Month to Date		Quarter to Date		Year to Date	
	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
Overall Company Totals								
Pays:								
Regular Pay	115.00	2,470.00	115.00	2,470.00	115.00	2,470.00	115.00	2,470.00
1-Commission	0.00	150.00	0.00	150.00	0.00	150.00	0.00	150.00
Total Gross Pay	115.00	2,620.00	115.00	2,620.00	115.00	2,620.00	115.00	2,620.00
Federal Tax Deductions:								
Federal Withholding (W/H)	0.00	460.02	0.00	460.02	0.00	460.02	0.00	460.02
Medicare	0.00	36.36	0.00	36.36	0.00	36.36	0.00	36.36
OASDI	0.00	155.43	0.00	155.43	0.00	155.43	0.00	155.43
Total Federal Tax Deduction	0.00	651.81	0.00	651.81	0.00	651.81	0.00	651.81
New Jersey Tax Deductions:								
State Withholding (W/H)	0.00	97.05	0.00	97.05	0.00	97.05	0.00	97.05
State Disability (SDI)	0.00	13.10	0.00	13.10	0.00	13.10	0.00	13.10
State Employee Unemployment	0.00	10.02	0.00	10.02	0.00	10.02	0.00	10.02
State Employee WorkForce	0.00	1.11	0.00	1.11	0.00	1.11	0.00	1.11
Total New Jersey Tax	0.00	121.28	0.00	121.28	0.00	121.28	0.00	121.28
Pennsylvania Tax Deductions:								
Local : LST - SPRINGFIELD	0.00	2.17	0.00	2.17	0.00	2.17	0.00	2.17
Total Pennsylvania Tax	0.00	2.17	0.00	2.17	0.00	2.17	0.00	2.17
Total State Tax:	0.00	123.45	0.00	123.45	0.00	123.45	0.00	123.45
Other Deductions:								
5-401(k)	0.00	35.00	0.00	35.00	0.00	35.00	0.00	35.00
6-Med 125	0.00	106.52	0.00	106.52	0.00	106.52	0.00	106.52
7-Dental	0.00	6.56	0.00	6.56	0.00	6.56	0.00	6.56
Total Other Deduction	0.00	148.08	0.00	148.08	0.00	148.08	0.00	148.08
Net Pay	0.00	1,696.66	0.00	1,696.66	0.00	1,696.66	0.00	1,696.66

Accrual Descriptions	Current Payroll	Month to Date	Quarter to Date	Year to Date
	Dollars	Dollars	Dollars	Dollars
<i>Overall Company Totals</i>				
Federal Tax Accruals:				
Federal Unemployment Insurance Tax (FUTA)	20.06	20.06	20.06	20.06
Total Federal Tax	20.06	20.06	20.06	20.06
New Jersey Tax Accruals:				
State Unemployment Insurance Tax (SUTA)	70.74	70.74	70.74	70.74
Total New Jersey Tax	70.74	70.74	70.74	70.74

Overall Company Information

(3) Sample Company

Routing Number: 999999999
 Account Number: 100011010

Overall Direct Deposit Payroll Statistics

Payroll Check Date: Fri 03/07/2008

Total Active Entries:	2	Total Checking:	\$1,071.96
Total Pre-note Entries:	0	Total Savings:	
Total Entries:	2	Total Deposited:	\$1,071.96

No.	Employee Name	SSN	Account Type	Bank Routing No.	Bank Account No.	Amount Deposited
Active Employee Direct Deposits						
3	Gianni, Salvatore		Checking	****0004	****3123	821.96
3	Gianni, Salvatore		Checking	****0004	*****9898	250.00

Pay Period: Weekly 03/07/08 - 03/07/08

Check Date: 03/07/08

Co.No: 3 Sample Company

DIRECT DEPOSIT REGISTER

Payroll Number: 1

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Pay Descriptions	Current Payroll		Month to Date		Quarter to Date		Year to Date	
	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
Department: 1	Operations							
Regular Pay	115.00	2,470.00	115.00	2,470.00	115.00	2,470.00	115.00	2,470.00
1-Commission	0.00	150.00	0.00	150.00	0.00	150.00	0.00	150.00
Department Gross Pay	115.00	2,620.00	115.00	2,620.00	115.00	2,620.00	115.00	2,620.00
Total Gross Pay	115.00	2,620.00	115.00	2,620.00	115.00	2,620.00	115.00	2,620.00

Pay Descriptions	Current Payroll		Month to Date		Quarter to Date		Year to Date	
	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
Department: 1	Operations							
Employee: 3	Gianni, Salvatore							
Regular Pay	80.00	1,620.00	80.00	1,620.00	80.00	1,620.00	80.00	1,620.00
1-Commission	0.00	150.00	0.00	150.00	0.00	150.00	0.00	150.00
Employee Gross Pay	80.00	1,770.00	80.00	1,770.00	80.00	1,770.00	80.00	1,770.00
Employee: 2	Smith, John S.							
Regular Pay	35.00	850.00	35.00	850.00	35.00	850.00	35.00	850.00
Employee Gross Pay	35.00	850.00	35.00	850.00	35.00	850.00	35.00	850.00
Department Gross Pay	115.00	2,620.00	115.00	2,620.00	115.00	2,620.00	115.00	2,620.00
Total Gross Pay	115.00	2,620.00	115.00	2,620.00	115.00	2,620.00	115.00	2,620.00

Employee Number and Name	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 5-401(k)					
(3) Gianni, Salvatore	35.00	35.00	35.00	35.00	
5-401(k) Deduction Total:	35.00	35.00	35.00	35.00	

Employee Number and Name	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 6-Med 125					
(3) Gianni, Salvatore	106.52	106.52	106.52	106.52	
6-Med 125 Deduction Total:	106.52	106.52	106.52	106.52	

Employee Number and Name	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 7-Dental					
(3) Gianni, Salvatore	6.56	6.56	6.56	6.56	
7-Dental Deduction Total:	6.56	6.56	6.56	6.56	
Total Company Deductions:	148.08	148.08	148.08	148.08	

DEDUCTION REPORT

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date
Memo Name: 1-401(k) Match					
(3) Gianni, Salvatore	999-99-9999	0.00	0.00	0.00	0.00
1-401(k) Match Memo Total:		0.00	0.00	0.00	0.00
Total Company Memos:		0.00	0.00	0.00	0.00

* W = Work State * R = Resident State

Employee Number and Employee Name				Rates / Salary & Raise Dates	Rate Chg	Dept. No.	Regular Hours	Overtime Hours	Other Pays			Other Ded's		Automatic Pays and Deductions			
Hire	SSN No.	Federal Wh	Fx/Ext						Cd	Hours	Amount	Cd	Amount	Cd	Description	Amount	Limit
Birth	Pay Freq.	State Wh * (W)	Fx/Ext														
Type	DD	EIC	State Wh * (R)	Fx/Ext													
4	dfsdfs, sdf			(1)	0	2											
03-03-2008	898-98-9898	Fed: Single	0	(2)	0												
	Weekly	NY: Single	0	(3)	0												
Regular		None			0												
54	f, gffg			(1)	0	1											
03-03-2008	231-21-3213	Fed: Single	0	(2)	0												
	Weekly	NJ: Single	0	(3)	0												
Regular		None			0												
3	Gianni, Salvatore			(1)	20.2500	0	1						D	5-401(k)	35.00		
02-02-2007	999-99-9999	Fed: Single	0	(2)	0								D	6-Med 125	106.52		
02-08-1975	Weekly	NJ: Single	0	(3)	0								D	7-Dental	6.56		
Regular	DD	Marrie	TX: N/A		0								P	1-Commission	150.00		
													P	3-PTO	0.00		
													M	1-401(k) Match	0.00		
2	Smith, John S.			(1)	0	1											
01-26-2007	222-22-2222	Fed: Single	0	(2)	0												
	Weekly	NJ: Single	0	(3)	0												
Regular		None			0												

* Required Data M/S = Married or Single (Tax Filing Status) ** (W/R) = State Withholding Work State / Resident State

Emp. No.*	Div. No.	Dept. No.*	Phone	Soc. Sec. No.*	Pay Frequency*	Rate 1	Rate 2	Rate 3	Salary	
First Name*			Mid.*	Last Name*		Fed M/S *	Fed. Dep.*	Extra Fed. W/H	Fixed Fed. W/H	E I C Code
Street Address					State WH **	St (M/S) **	St. Dep **	Extra St. W/H **	State for UCI	
City			State	Zip	Hire Date	Birth Date		Termination Date		

EMPLOYEE PAYROLL INPUT FOR THIS PAY PERIOD:	Rate	Dept No	Reg Hrs	O.T. Hrs	Cd	Pay Hrs	Pay Amt	Cd	Ded Amt	Notes

* Required Data M/S = Married or Single (Tax Filing Status) ** (W/R) = State Withholding Work State / Resident State

Emp. No.*	Div. No.	Dept. No.*	Phone	Soc. Sec. No.*	Pay Frequency*	Rate 1	Rate 2	Rate 3	Salary	
First Name*			Mid.*	Last Name*		Fed M/S *	Fed. Dep.*	Extra Fed. W/H	Fixed Fed. W/H	E I C Code
Street Address					State WH **	St (M/S) **	St. Dep **	Extra St. W/H **	State for UCI	
City			State	Zip	Hire Date	Birth Date		Termination Date		

EMPLOYEE PAYROLL INPUT FOR THIS PAY PERIOD:	Rate	Dept No	Reg Hrs	O.T. Hrs	Cd	Pay Hrs	Pay Amt	Cd	Ded Amt	Notes

New Employee Form										
Co. No: 3	Sample Company			PAYROLL WORKSHEET				Check Date:	--	--

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

Co. No: 3 Sample Company

PAYROLL WORKSHEET

Check Date: -- --

***** 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

Company Name							Sample Company					Processed By Innovative Payroll Services, llc								
Employee Name							John S. Smith					State for UCI		NJ						
Company No.		3		Payroll No.		1		Pay Frequency		Weekly		Tax Status		Depts		Xtr/Fxd Flat		Xtr/Fxd %		
Employee No.		2		Division No.		0		Start Date		03/07/2008		Federal		Single		0				
SSN No.				Home Dept. No.		1		End Date		03/07/2008		(W) NJ		Single		0				
Check No.		010009		Net Pay		\$624.70		Check Date		03/07/2008		(R)								
Sick Hours		0.00		Vacation Hours		0.00		Personal Hours		0.00		Bals:								
Memos Verify your Name and SSN match SS Card, address & tax status are correct. Happy H																				
Current Earnings					Year to Date Earnings					Taxes					Deductions / Memos					
Dept.	Pay Desc	Rate	Hours	Curr Amt	Pay Desc	Hours	YTD Amt	Tax Desc	Curr Amt	YTD Amt	Ded Desc	Curr Amt	YTD Amt							
1	0-Regular Pay	10.0000	35.00	350.00	0-Regular Pay	35.00	850.00	Federal WH	132.19	132.19										
1	0-Regular Pay	0.0000	0.00	500.00				OASDI	52.70	52.70										
								Medicare	12.33	12.33										
								NJ: State WH	20.22	20.22										
								NJ: State SDI	4.25	4.25										
								NJ: EE SUI	3.25	3.25										
								NJ: EE WF	0.36	0.36										
Employee Totals			35.00	850.00	Total YTD:			35.00	850.00			225.30								

Sample Company
1234 Any Street
Any City, TX 78216

Check Date	Check No.
03/07/2008	010009

Payroll Account

Void after 60 days

*** Six Hundred Twenty Four and 70/100 Dollars ***

\$	624.70
----	--------

Pay To The Order of John S. Smith

Any National Bank

Authorized Signature 03/25/2008 8:56:48 AM

⑈00 10009⑈ ⑆999999999⑆ 1000 1 1⑈0 10

Sample Company
1234 Any Street
Any City, TX 78216

John S. Smith
123 Main St
San Antonio, TX 78202

Company 3 - Sample Company				
Check Type	Payroll Number	Check Date	Check Number	Amount
Company Deduction Ch	1	03/07/2008	10010	\$106.52
Check Reference				
Employee Number:				
Employee Name:				
Deduction:	6-Med 125			
Payee Name:	American Life - Test Check			
Payee Address:	3213 Main Street			
Payee Address 2:				
Memo:	**** CS# 6513216511 ****			

Sample Company
 1234 Any Street
 Any City, TX 78216

Check Date	Check No.
03/07/2008	010010

Payroll Account
 Void after 60 days

\$	\$106.52
----	-----------------

*** One Hundred Six and 52/100 Dollars ***

Pay To The Order of **American Life - Test Check**
 **** CS# 6513216511 ****

Any National Bank

Authorized Signature 03/25/2008 8:57

⑈00 100 10⑈ ⑆9999999999⑆ 1000 1 1⑈0 10

Sample Company
 1234 Any Street
 Any City, TX 78216

American Life - Test Check
 3213 Main Street
 Philadelphia, PA 19111

Company Name		Sample Company							Processed By Innovative Payroll Services, llc				
Employee Name		Salvatore Gianni							State for UCI		NJ		
Company No.	3	Payroll No.	1	Pay Frequency	Weekly	Tax Status	Federal	Depts	0	Xtr/Fxd Flat		Xtr/Fxd %	
Employee No.	3	Division No.	0	Start Date	03/07/2008	Federal	Single	Depts	0	Xtr/Fxd Flat		Xtr/Fxd %	
SSN No.		Home Dept. No.	1	End Date	03/07/2008	(W) NJ	Single	Depts	0	Xtr/Fxd Flat		Xtr/Fxd %	
Check No.	2000000	Net Pay	\$1,071.96	Check Date	03/07/2008	(R) TX	N/A	Depts		Xtr/Fxd Flat		Xtr/Fxd %	
Sick Hours		Vacation Hours		Personal Hours		Bals:		Depts		Xtr/Fxd Flat		Xtr/Fxd %	
DD #1	Checking	*****0004	*****3123	\$821.96	DD #3			Depts		Xtr/Fxd Flat		Xtr/Fxd %	
DD #2	Checking	*****0004	*****9898	\$250.00	DD #4			Depts		Xtr/Fxd Flat		Xtr/Fxd %	
DD Leftover Chk								Depts		Xtr/Fxd Flat		Xtr/Fxd %	
Memos	Verify your Name and SSN match SS Card, address & tax status are correct. Happy H												
Current Earnings		Year to Date Earnings					Taxes			Deductions / Memos			
Dept.	Pay Desc	Rate	Hours	Curr Amt	Pay Desc	Hours	YTD Amt	Tax Desc	Curr Amt	YTD Amt	Ded Desc	Curr Amt	YTD Amt
1	0-Regular Pay	20.2500	80.00	1,620.00	0-Regular Pay	80.00	1,620.00	Federal WH	327.83	327.83	5-401(k)	35.00	35.00
1	1-Commission	0.0000		150.00	1-Commission		150.00	OASDI	102.73	102.73	6-Med 125	106.52	106.52
								Medicare	24.03	24.03	7-Dental	6.56	6.56
								NJ: State WH	76.83	76.83			
								NJ: State SDI	8.85	8.85			
								NJ: EE SUI	6.77	6.77			
								NJ: EE WF	0.75	0.75			
								PA: Loc-LST - S	2.17	2.17			
Employee Totals			80.00	1,770.00	Total YTD:	80.00	1,770.00		549.96			148.08	

Sample Company
1234 Any Street
Any City, TX 78216

Check Date	Reference No.
03/07/2008	2000000

Payee **Salvatore Gianni**

\$ **1,071.96**

Direct Deposit Voucher

03/25/2008 8:57:42 AM

Non-Negotiable

Non-Negotiable

Non-Negotiable

Sample Company
1234 Any Street
Any City, TX 78216

Salvatore Gianni
332 River Road
Palmyra, NJ 08065