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After-the-fact Quarterly Pay Worksheet

Company Information

Legal Company Name: _____

EIN: _____ Phone #: (_____) _____

Email Address: _____

Employees' Information

Full Employee Name	SSN	Mailing Address	City, State & Zip	DOB (if under 18)

Paychecks Written

Employee	Gross Wages (Before taxes)	Net Wages (Amount given to employee)	Federal WH	State WH	Social Security WH	Medicare WH	Date of Check

Federal Tax Deposits Made (If no deposits have been made, CHECK HERE _____)

Date	Amount	Date	Amount	Date	Amount