

Your Payroll Processing Center, Inc.
7101 York Ave So Suite 320
Minneapolis, MN 55435

Confidential For: Bob Smith
Your Payroll Processing Center, Inc.
7101 York Ave So Suite 320
Minneapolis, MN 55435

(26) **Delivery Method: Paperless**

Reports Included in your Package (If Applicable)

- ▶ Tax Deposit Liabilities & Due Dates
- ▶ Payroll Register
- ▶ Special Checks Register
- ▶ Payroll Register Totals
- ▶ Payroll UI Totals
- ▶ Department Register
- ▶ General Ledger Detail Register
- ▶ General Ledger Summary Register
- ▶ Direct Deposit Vouchers
- ▶ Direct Deposit Register
- ▶ Deduction Register
- ▶ CAF Register
- ▶ Payroll Worksheet
- ▶ Time Card Labels
- ▶ Deduction Register C1
- ▶ Sick & Vacation Report
- ▶ Workers Comp Detail
- ▶ Payroll Checks
- ▶ 24,Special Check

Pay Period: Semi-Monthly 12/01/06 - 12/15/06	<i>Division (0) - Policy#56945 4/30/05</i>	Check Date: 12/22/06
Co. No.: 26 Your Payroll Processing Center, Inc.	PAYROLL LABEL REPORT	Payroll Number: 13

Current Payroll Tax Liabilities

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

Basic Company Information

Your Payroll Processing Center, Inc.
7101 York Ave So Suite 320
Minneapolis, MN 55435

Company No: 26

Payroll Dates

Check Date: **12/22/06**
(1) Period Start Date: **12/01/06**
(1) Period End Date: **12/15/06**

Federal Deposit Freq.: **SEMI-WEEKLY**
Federal Deposit Method: **EFTPS**

Payroll Statistics

No. of PR Checks:	2	Total Check Net:	\$1,349.18
No. of Misc Checks:	1	Total Misc. Net:	\$36.50
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:	\$1,385.68

Total PR Gross: \$1,750.00

Bank Deposit: \$1,802.07

Federal Tax Section

Federal Tax Deposit Liability (941)

Federal Withholding Tax	\$160.25
Earned Income Credit	\$0.00
Social Security (Employer Portion)	\$103.79
Social Security (Employee Portion)	\$103.79
Medicare (Employer Portion)	\$24.28
Medicare (Employee Portion)	\$24.28

Total PR Federal 941 Liability \$416.39

Federal Unemployment Liability (940)

Federal Unemployment Tax (FUTA)	\$13.39
---------------------------------	---------

Total PR Federal 940 Liability \$13.39

Total Unpaid 941 Liability -- DUE \$416.39

This amount will be drafted for you through EFTPS on 12/27/2006. A receipt of transmission will be sent to you.

12/22/2006 : 416.39

Quarter / Year : 4-2006

Tax Type: 941

Texas Tax Section

Texas Unemployment Liability

State Unemployment Tax (SUTA)	\$8.75
Smart Jobs Assessment Tax	\$1.75

Total TX PR SUTA Liability \$10.50

Pay Period: Semi-Monthly 12/01/06 - 12/15/06

Check Date: 12/22/06

Co. No: 26 Your Payroll Processing Center, Inc.

TAX LIABILITIES / DEPOSITS & DUE DATES

Payroll Number: 13

Page: A - 1

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
Division : 1			Policy#56945 4/30/05														
Harbordt, Edie			1	3-Bonus Pay			50.00	0-Regular Pay	80.00	1,200.00	Federal W/H	0.00	163.11	2-CAF Medical	25.00	125.00	001111
7	777-77-7777	TX						3-Bonus Pay		700.00	OASDI	0.62	105.40	3-CAF Dental	15.00	75.00	NORMAL
Weekly	Fed: Single	1									Medicare	0.15	24.66	4-401K Plan	3.00	114.00	
Employee Totals				Totals:			50.00	Total YTD:	80.00	1,900.00		0.77			43.00		6.23
Harbordt, Elizabeth G.			2	0-Regular Pay			700.00	0-Regular Pay		2,100.00	Federal W/H	57.55	172.65	4-401K Plan	3.50	10.50	001112
6	666-66-6666	TX									OASDI	43.40	130.20				NORMAL
Weekly	Fed: Married	1									Medicare	10.15	30.45				
Employee Totals				Totals:			700.00	Total YTD:		2,100.00		111.10			3.50		585.40
Division : 0			Policy#56945 4/30/05														
Alexander, Frank			1	0-Regular Pay			1,000.00	0-Regular Pay	40.00	3,000.00	Federal W/H	102.70	308.10	2-CAF Medical	20.00	60.00	200024
2	222-22-2222	TX									OASDI	59.77	179.31	3-CAF Dental	16.00	48.00	DD
Weekly	Fed: Married	0									Medicare	13.98	41.94	4-401K Plan	30.00	90.00	
Employee Totals				Totals:			1,000.00	Total YTD:	40.00	3,000.00		176.45			66.00		757.55

Check Type	Payee Name	Employee Number	Deduction	Check No.	Amount
	Check Date	Employee Name			
Division : 0 Policy# 56945 4/30/05					
Company Deduction Check	Company 401K Check		4-401K Plan	001113	
	12/22/2006 12.00.00 AM	,			\$36.50
Memo:					

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	0.00	1,700.00	0.00	1,700.00	0.00	1,700.00	480.00	13,340.00
3-Bonus Pay	0.00	50.00	0.00	50.00	0.00	50.00	0.00	1,200.00
6-PTO	0.00	0.00	0.00	0.00	0.00	0.00	2.00	21.00
8-Bonus-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	600.00
Total Gross Pay	0.00	1,750.00	0.00	1,750.00	0.00	1,750.00	482.00	15,161.00
Federal Tax Deductions:								
Federal Withholding (W/H)	0.00	160.25	0.00	160.25	0.00	160.25	0.00	1,422.68
Medicare	0.00	24.28	0.00	24.28	0.00	24.28	0.00	213.96
OASDI	0.00	103.79	0.00	103.79	0.00	103.79	0.00	914.84
EIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(13.05)
Total Federal Tax Deduction	0.00	288.32	0.00	288.32	0.00	288.32	0.00	2,538.43
Other Deductions:								
1-Child Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	360.14
2-CAF Medical	0.00	45.00	0.00	45.00	0.00	45.00	0.00	244.50
3-CAF Dental	0.00	31.00	0.00	31.00	0.00	31.00	0.00	161.00
4-401K Plan	0.00	36.50	0.00	36.50	0.00	36.50	0.00	654.22
5-Declining Loan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	275.00
6-Child Support Fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00
8-Child Support 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	300.00
Total Other Deduction	0.00	112.50	0.00	112.50	0.00	112.50	0.00	2,002.86
Net Pay	0.00	1,349.18	0.00	1,349.18	0.00	1,349.18	0.00	10,619.71

Pay Period: Semi-Monthly 12/01/06 - 12/15/06

Check Date: 12/22/06

Co. No: 26 Your Payroll Processing Center, Inc.

PAYROLL REGISTER TOTALS

Payroll Number: 13

Page: C - 1

Pay and Deduction Descriptions	Current Payroll		Month to Date		Quarter to Date		Year to Date	
	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
*** START *** Division (0) Policy#56945 4/30/05 *** START ****								
Pays:								
Regular Pay	0.00	1,000.00	0.00	1,000.00	0.00	1,000.00	360.00	7,100.00
6-PTO	0.00	0.00	0.00	0.00	0.00	0.00	2.00	21.00
8-Bonus-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	600.00
Total Gross Pay	0.00	1,000.00	0.00	1,000.00	0.00	1,000.00	362.00	7,721.00
Federal Tax Deductions:								
Federal Withholding (W/H)	0.00	102.70	0.00	102.70	0.00	102.70	0.00	723.86
Medicare	0.00	13.98	0.00	13.98	0.00	13.98	0.00	109.04
OASDI	0.00	59.77	0.00	59.77	0.00	59.77	0.00	466.24
EIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(13.05)
Total Federal Tax Deduction	0.00	176.45	0.00	176.45	0.00	176.45	0.00	1,286.09
Other Deductions:								
2-CAF Medical	0.00	20.00	0.00	20.00	0.00	20.00	0.00	115.00
3-CAF Dental	0.00	16.00	0.00	16.00	0.00	16.00	0.00	86.00
4-401K Plan	0.00	30.00	0.00	30.00	0.00	30.00	0.00	390.72
5-Declining Loan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00
6-Child Support Fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00
8-Child Support 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	300.00
Total Other Deduction	0.00	66.00	0.00	66.00	0.00	66.00	0.00	974.72
Net Pay	0.00	757.55	0.00	757.55	0.00	757.55	0.00	5,460.19
*** END *** Division (0) Policy#56945 4/30/05 *** END ****								

Pay and Deduction Descriptions	Current Payroll		Month to Date		Quarter to Date		Year to Date	
	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
*** START *** Division (1) Policy#56945 4/30/05 *** START ****								
Pays:								
Regular Pay	0.00	700.00	0.00	700.00	0.00	700.00	120.00	6,240.00
3-Bonus Pay	0.00	50.00	0.00	50.00	0.00	50.00	0.00	1,200.00
Total Gross Pay	0.00	750.00	0.00	750.00	0.00	750.00	120.00	7,440.00
Federal Tax Deductions:								
Federal Withholding (W/H)	0.00	57.55	0.00	57.55	0.00	57.55	0.00	698.82
Medicare	0.00	10.30	0.00	10.30	0.00	10.30	0.00	104.92
OASDI	0.00	44.02	0.00	44.02	0.00	44.02	0.00	448.60
Total Federal Tax Deduction	0.00	111.87	0.00	111.87	0.00	111.87	0.00	1,252.34
Other Deductions:								
1-Child Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	360.14
2-CAF Medical	0.00	25.00	0.00	25.00	0.00	25.00	0.00	129.50
3-CAF Dental	0.00	15.00	0.00	15.00	0.00	15.00	0.00	75.00
4-401K Plan	0.00	6.50	0.00	6.50	0.00	6.50	0.00	263.50
5-Declining Loan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
Total Other Deduction	0.00	46.50	0.00	46.50	0.00	46.50	0.00	1,028.14
Net Pay	0.00	591.63	0.00	591.63	0.00	591.63	0.00	5,159.52
*** END *** Division (1) Policy#56945 4/30/05 *** END ****								

Pay Period: Semi-Monthly 12/01/06 - 12/15/06

Check Date: 12/22/06

Co. No: 26 Your Payroll Processing Center, Inc.

PAYROLL REGISTER TOTALS

Payroll Number: 13

Page: C - 3

Accrual Descriptions	Current Payroll	Month to Date	Quarter to Date	Year to Date
	Dollars	Dollars	Dollars	Dollars
Overall Company Totals				
Federal Tax Accruals:				
Federal Unemployment Insurance Tax (FUTA)	13.39	13.39	13.39	118.03
Total Federal Tax	13.39	13.39	13.39	118.03
Florida Tax Accruals:				
State Unemployment Insurance Tax (SUTA)	0.00	0.00	0.00	85.36
Total Florida Tax	0.00	0.00	0.00	85.36
Texas Tax Accruals:				
State Unemployment Insurance Tax (SUTA)	8.75	8.75	8.75	59.70
Smart Jobs Assessment Tax	1.75	1.75	1.75	11.94
Total Texas Tax	10.50	10.50	10.50	71.64

Pay Period: Semi-Monthly 12/01/06 - 12/15/06

Check Date: 12/22/06

Co. No: 26 Your Payroll Processing Center, Inc.

PAYROLL UI TOTALS

Payroll Number: 13

Page: CC - 1

Accrual Descriptions	Current Payroll	Month to Date	Quarter to Date	Year to Date
	Dollars	Dollars	Dollars	Dollars
*** START *** Division (0) Policy#56945 4/30/05 *** START ****				
Federal Tax Accruals:				
Unemployment Insurance Tax (FUTA)	7.71	7.71	7.71	60.15
Total Federal Tax	7.71	7.71	7.71	60.15
Florida Tax Accruals:				
Unemployment Insurance Tax (SUTA)	0.00	0.00	0.00	71.86
Total Florida Tax	0.00	0.00	0.00	71.86
Texas Tax Accruals:				
Unemployment Insurance Tax (SUTA)	5.00	5.00	5.00	25.00
Smart Jobs Assessment Tax	1.00	1.00	1.00	5.00
Total Texas Tax	6.00	6.00	6.00	30.00
*** END *** Division (0) Policy#56945 4/30/05 *** END ****				

Pay Period: Semi-Monthly 12/01/06 - 12/15/06

Check Date: 12/22/06

Co. No: 26 Your Payroll Processing Center, Inc.

PAYROLL UI TOTALS

Payroll Number: 13

Page: CC - 2

Accrual Descriptions	Current Payroll	Month to Date	Quarter to Date	Year to Date
	Dollars	Dollars	Dollars	Dollars
*** START *** Division (1) Policy#56945 4/30/05 *** START ****				
Federal Tax Accruals:				
Unemployment Insurance Tax (FUTA)	5.68	5.68	5.68	57.88
Total Federal Tax	5.68	5.68	5.68	57.88
Florida Tax Accruals:				
Unemployment Insurance Tax (SUTA)	0.00	0.00	0.00	13.50
Total Florida Tax	0.00	0.00	0.00	13.50
Texas Tax Accruals:				
Unemployment Insurance Tax (SUTA)	3.75	3.75	3.75	34.70
Smart Jobs Assessment Tax	0.75	0.75	0.75	6.94
Total Texas Tax	4.50	4.50	4.50	41.64
*** END *** Division (1) Policy#56945 4/30/05 *** END ****				

Pay Period: Semi-Monthly 12/01/06 - 12/15/06

Check Date: 12/22/06

Co. No: 26 Your Payroll Processing Center, Inc.

PAYROLL UI TOTALS

Payroll Number: 13

Page: CC - 3

Pay Descriptions	Current Payroll		Month to Date		Quarter to Date		Year to Date	
	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
Division: 0	Policy#56945 4/30/05							
Department: 1	Administration							
Regular Pay	0.00	1,000.00	0.00	1,000.00	0.00	1,000.00	240.00	5,100.00
6-PTO	0.00	0.00	0.00	0.00	0.00	0.00	2.00	21.00
8-Bonus-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	450.00
Department Gross Pay	0.00	1,000.00	0.00	1,000.00	0.00	1,000.00	242.00	5,571.00
Department: 2	Hostess							
Regular Pay	0.00	0.00	0.00	0.00	0.00	0.00	40.00	1,280.00
8-Bonus-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
Department Gross Pay	0.00	0.00	0.00	0.00	0.00	0.00	40.00	1,430.00
Department: 3	Wait Staff							
Regular Pay	0.00	0.00	0.00	0.00	0.00	0.00	80.00	720.00
Department Gross Pay	0.00	0.00	0.00	0.00	0.00	0.00	80.00	720.00
Division Gross Pay	0.00	1,000.00	0.00	1,000.00	0.00	1,000.00	362.00	7,721.00
Division: 1	Policy#56945 4/30/05							
Department: 1	Clerical							
Regular Pay	0.00	0.00	0.00	0.00	0.00	0.00	80.00	2,500.00
3-Bonus Pay	0.00	50.00	0.00	50.00	0.00	50.00	0.00	1,200.00
Department Gross Pay	0.00	50.00	0.00	50.00	0.00	50.00	80.00	3,700.00
Department: 2	Supervisor							
Regular Pay	0.00	700.00	0.00	700.00	0.00	700.00	40.00	3,740.00
Department Gross Pay	0.00	700.00	0.00	700.00	0.00	700.00	40.00	3,740.00
Division Gross Pay	0.00	750.00	0.00	750.00	0.00	750.00	120.00	7,440.00
Total Gross Pay	0.00	1,750.00	0.00	1,750.00	0.00	1,750.00	482.00	15,161.00

Account Number	Account Description	Current Payroll		Month-To-Date	
		Debits	Credits	Debits	Credits
Division: 0 Policy#56945 4/30/05					
Department: 1 Administration					
Section: ACCRUED					
102.38.42.1	FUTA (Exp)	7.71		7.71	
102.38.42.1	FUTA (Pay)		7.71		7.71
102.38.42.1	TX : SUTA (Exp)	6.00		6.00	
102.38.42.1	TX : SUTA (Pay)		6.00		6.00
Section Total:		13.71	13.71	13.71	13.71
Section: EMPLOYEE					
309.74.22.11	Regular Pay	1,000.00		1,000.00	
309.74.22.11	Net Pay		757.55		757.55
122.97.28.7	Federal W/H		102.70		102.70
122.97.28.7	OASDI (EE)		59.77		59.77
122.97.28.7	Medicare (EE)		13.98		13.98
202.3.11.2	2-CAF Medical		20.00		20.00
202.3.11.2	3-CAF Dental		16.00		16.00
202.3.11.2	4-401K Plan		30.00		30.00
Section Total:		1,000.00	1,000.00	1,000.00	1,000.00
Section: EMPLOYER					
112.49.1.9	Medicare (ER - Exp)	13.98		13.98	
112.49.1.9	Medicare (ER - Pay)		13.98		13.98
112.49.1.9	OASDI (ER - Exp)	59.77		59.77	
112.49.1.9	OASDI (ER - Pay)		59.77		59.77
Section Total:		73.75	73.75	73.75	73.75
Department Total: 1 Administration		1,087.46	1,087.46	1,087.46	1,087.46
Division Total: 0 Policy#56945 4/30/05		1,087.46	1,087.46	1,087.46	1,087.46
Division: 1 Policy#56945 4/30/05					

Account Number	Account Description	Current Payroll		Month-To-Date	
		Debits	Credits	Debits	Credits
Department:	1 Clerical				
Section:	ACCRUED				
102.38.42.1	FUTA (Exp)	0.08		0.08	
102.38.42.1	FUTA (Pay)		0.08		0.08
102.38.42.1	TX : SUTA (Exp)	0.30		0.30	
102.38.42.1	TX : SUTA (Pay)		0.30		0.30
Section Total:		0.38	0.38	0.38	0.38
Section:	EMPLOYEE				
309.74.22.11	3-Bonus Pay	50.00		50.00	
309.74.22.11	Net Pay		6.23		6.23
122.97.28.7	OASDI (EE)		0.62		0.62
122.97.28.7	Medicare (EE)		0.15		0.15
202.3.11.2	2-CAF Medical		25.00		25.00
202.3.11.2	3-CAF Dental		15.00		15.00
202.3.11.2	4-401K Plan		3.00		3.00
Section Total:		50.00	50.00	50.00	50.00
Section:	EMPLOYER				
112.49.1.9	Medicare (ER - Exp)	0.15		0.15	
112.49.1.9	Medicare (ER - Pay)		0.15		0.15
112.49.1.9	OASDI (ER - Exp)	0.62		0.62	
112.49.1.9	OASDI (ER - Pay)		0.62		0.62
Section Total:		0.77	0.77	0.77	0.77
Department Total:	1 Clerical	51.15	51.15	51.15	51.15
Department:	2 Supervisor				
Section:	ACCRUED				
102.38.42.1	FUTA (Exp)	5.60		5.60	
102.38.42.1	FUTA (Pay)		5.60		5.60
102.38.42.1	TX : SUTA (Exp)	4.20		4.20	
102.38.42.1	TX : SUTA (Pay)		4.20		4.20
Section Total:		9.80	9.80	9.80	9.80
Section:	EMPLOYEE				
309.74.22.11	Regular Pay	700.00		700.00	
309.74.22.11	Net Pay		585.40		585.40
122.97.28.7	Federal W/H		57.55		57.55
122.97.28.7	OASDI (EE)		43.40		43.40
122.97.28.7	Medicare (EE)		10.15		10.15
202.3.11.2	4-401K Plan		3.50		3.50
Section Total:		700.00	700.00	700.00	700.00
Section:	EMPLOYER				
112.49.1.9	Medicare (ER - Exp)	10.15		10.15	
112.49.1.9	Medicare (ER - Pay)		10.15		10.15
112.49.1.9	OASDI (ER - Exp)	43.40		43.40	
112.49.1.9	OASDI (ER - Pay)		43.40		43.40
Section Total:		53.55	53.55	53.55	53.55
Department Total:	2 Supervisor	763.35	763.35	763.35	763.35
Division Total:	1 Policy#56945 4/30/05	814.50	814.50	814.50	814.50

Pay Period: Semi-Monthly 12/01/06 - 12/15/06

Check Date: 12/22/06

Co. No: 26 Your Payroll Processing Center, Inc.

GENERAL LEDGER DETAIL REPORT

Payroll Number: 13

Page: E - 2

Account Number	Account Description	Current Payroll		Month-To-Date	
		Debits	Credits	Debits	Credits
Grand Totals:		1,901.96	1,901.96	1,901.96	1,901.96

Account Number	Account Description	Current Payroll		Month-To-Date	
		Debits	Credits	Debits	Credits
102.38.42.1	Accrued Taxes	23.89	23.89	23.89	23.89
112.49.1.9	Employer Taxes	128.07	128.07	128.07	128.07
122.97.28.7	Employee Taxes	0.00	288.32	0.00	288.32
202.3.11.2	Deductions	0.00	112.50	0.00	112.50
309.74.22.11	Pays	1,750.00	1,349.18	1,750.00	1,349.18
Grand Totals:		1,901.96	1,901.96	1,901.96	1,901.96



Your Payroll Processing Center, Inc.

7101 York Ave So Suite 320

Minneapolis, MN 55435

Check Date	Reference No.
12/22/2006	2000024

Amount
\$757.55

Direct Deposit Voucher

Payee
Frank Alexander
 776 Carson Lane
 Mc Queeney, TX 78123
 Div: 0 / Dept: 1

Non-Negotiable

12/20/20 10:51:06

Fold Here

Company Name		Your Payroll Processing Center, Inc.							Processed By Your Payroll Processing Center				
Employee Name		Frank Alexander							State for UCI TX				
Company No.	26	Payroll No.	13	Pay Frequency	Weekly	Tax Status	Depos	Xtr/Fxd Flat	Xtr/Fxd %				
Employee No.	2	Division No.	0	Start Date	12/01/2006	Federal	Married	0					
SSN No.	*****2222	Home Depart. No.	1	End Date	12/15/2006	(W) TX	N/A						
Check No.	2000024	Net Pay	757.55	Check Date	12/22/2006	(R)							
Dept. No.	Pays			Year-to-Date			Taxes			Deductions & Memos			
	Description	Rate	Hours	Pay	Description	Hours	Amount	Tax Description	Current Amount	YTD Amount	Deduction Description	Current Amount	YTD Amount
1	0-Regular Pay			1,000.00	0-Regular Pay	40.00	3,000.00	Federal W/H	102.70	308.10	2-CAF Medical	20.00	60.00
								OASDI	59.77	179.31	3-CAF Dental	16.00	48.00
								Medicare	13.98	41.94	4-401K Plan	30.00	90.00
Employee Totals				1,000.00	Total YTD:	40.00	3,000.00		176.45			66.00	

Available Leave Totals:	Sick Hours	3.33	Vacation Hours	18.00	Personal Hours	
--------------------------------	-------------------	------	-----------------------	-------	-----------------------	--

Company Memo:
 Company Wide Memo Goes Here

Private Memo:

Account Type	Bank Routing No.	Bank Account No.	Amount Deposited
Checking	****0019	***44	757.55

Overall Company Information

(26) Your Payroll Processing Center, Inc.

Routing Number: 091000000
Account Number: 123456

Overall Direct Deposit Payroll Statistics

Payroll Check Date: Fri 12/22/2006

Total Active Entries:	1	Total Checking:	\$757.55
Total Pre-note Entries:	0	Total Savings:	
Total Entries:	1	Total Deposited:	\$757.55

No.	Employee Name	SSN	Account Type	Bank Routing No.	Bank Account No.	Amount Deposited
Active Employee Direct Deposits						
2	Alexander, Frank	*****2222	Checking	*****0019	***44	757.55

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 1-Child Support						
(1) Adams, John D.	111-11-1111	0.00	0.00	0.00	0.00	
(2) Alexander, Frank	222-22-2222	0.00	0.00	0.00	0.00	
(8) Jones, Susan R.	888-88-8888	0.00	0.00	0.00	360.14	
1-Child Support Deduction Total:		0.00	0.00	0.00	360.14	

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 2-CAF Medical						
(1)	Adams, John D.	111-11-1111	0.00	0.00	0.00	40.00
(2)	Alexander, Frank	222-22-2222	20.00	20.00	20.00	60.00
(3)	Brown, Tom	333-33-3333	0.00	0.00	0.00	15.00
(7)	Harbordt, Edle	777-77-7777	25.00	25.00	25.00	125.00
(5)	Carson, Dawn E.	555-55-5555	0.00	0.00	0.00	4.50
2-CAF Medical Deduction Total:			45.00	45.00	45.00	244.50

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 3-CAF Dental						
(1)	Adams, John D.	111-11-1111	0.00	0.00	0.00	20.00
(2)	Alexander, Frank	222-22-2222	16.00	16.00	16.00	48.00
(3)	Brown, Tom	333-33-3333	0.00	0.00	0.00	18.00
(7)	Harbordt, Edle	777-77-7777	15.00	15.00	15.00	75.00
3-CAF Dental Deduction Total:			31.00	31.00	31.00	161.00

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 4-401K Plan						
(2)	Alexander, Frank	222-22-2222	30.00	30.00	30.00	90.00
(3)	Brown, Tom	333-33-3333	0.00	0.00	0.00	300.00
(9)	Morris, Julianne	999-99-9999	0.00	0.00	0.00	0.72
(4)	Brown, Jill	444-44-4444	0.00	0.00	0.00	39.00
(7)	Harbordt, Edie	777-77-7777	3.00	3.00	3.00	114.00
(5)	Carson, Dawn E.	555-55-5555	0.00	0.00	0.00	100.00
(6)	Harbordt, Elizabeth G.	666-66-6666	3.50	3.50	3.50	10.50
4-401K Plan Deduction Total:			36.50	36.50	36.50	654.22

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 5-Declining Loan						
(3)	Brown, Tom	333-33-3333	0.00	0.00	0.00	75.00
(10)	Thomas, Jeff D.	101-01-0100	0.00	0.00	0.00	200.00
5-Declining Loan Deduction Total:			0.00	0.00	0.00	275.00

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 6-Child Support Fee						
(1) Adams, John D.	111-11-1111	0.00	0.00	0.00	8.00	
6-Child Support Fee Deduction Total:		0.00	0.00	0.00	8.00	

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 7-Child Support 2						
(1) Adams, John D.	111-11-1111	0.00	0.00	0.00	0.00	
7-Child Support 2 Deduction Total:		0.00	0.00	0.00	0.00	

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 8-Child Support 3						
(1) Adams, John D.	111-11-1111	0.00	0.00	0.00	0.00	
(3) Brown, Tom	333-33-3333	0.00	0.00	0.00	300.00	6
8-Child Support 3 Deduction Total:		0.00	0.00	0.00	300.00	
Total Company Deductions:		112.50	112.50	112.50	2,002.86	

Employee CAF Plan Contributions		Current Payroll Dollars	Month to Date Dollars	Quarter to Date Dollars	Year to Date Dollars
Division: 0 Policy#56945 4/30/05					
(1) Adams, John D.	111-11-1111				
2-CAF Medical		0.00	0.00	0.00	40.00
3-CAF Dental		0.00	0.00	0.00	20.00
Total Employee Contribution		0.00	0.00	0.00	60.00
(2) Alexander, Frank	222-22-2222				
2-CAF Medical		20.00	20.00	20.00	60.00
3-CAF Dental		16.00	16.00	16.00	48.00
Total Employee Contribution		36.00	36.00	36.00	108.00
(3) Brown, Tom	333-33-3333				
2-CAF Medical		0.00	0.00	0.00	15.00
3-CAF Dental		0.00	0.00	0.00	18.00
Total Employee Contribution		0.00	0.00	0.00	33.00
Total Division (0 - Policy#56945 4/30/05) Contribution		36.00	36.00	36.00	201.00
Division: 1 Policy#56945 4/30/05					
(7) Harbordt, Edie	777-77-7777				
2-CAF Medical		25.00	25.00	25.00	125.00
3-CAF Dental		15.00	15.00	15.00	75.00
Total Employee Contribution		40.00	40.00	40.00	200.00
(5) Carson, Dawn E.	555-55-5555				
2-CAF Medical		0.00	0.00	0.00	4.50
Total Employee Contribution		0.00	0.00	0.00	4.50
Total Division (1 - Policy#56945 4/30/05) Contribution		40.00	40.00	40.00	204.50
Total CAF Contributions		76.00	76.00	76.00	405.50

Total CAF Plan Contributions	Current Payroll	Month to Date	Quarter to Date	Year to Date
	Dollars	Dollars	Dollars	Dollars
2-CAF Medical	45.00	45.00	45.00	244.50
3-CAF Dental	31.00	31.00	31.00	161.00
Total CAF Contributions	76.00	76.00	76.00	405.50

Your Payroll Processing Center, Inc.

7101 York Ave So Suite 320

Minneapolis, MN 55435

Phone: (952)

Fax:

Your Payroll Processing Center, Inc.

PAYROLL WORKSHEET FAX COVER PAGE

To Company: Your Payroll Processing Center, Inc.

From Company: (26) Your Payroll Processing Center, I

Attention: t2

Contact: Bob Smith

Fax: (612) 869-8151

Total Pages Including Cover:

Phone: (612) 869-8150

Date:

Please Call When Received

Please Call For Additional Instructions

Additional Notes / Comments / Requests:

* 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	Balance	
Birth	Pay Freq.	State Wh * (W)	Fx/Ext																Description
Type	DD	EIC	State Wh * (R)	Fx/Ext															
Division: 0				Policy#56945 4/30/05															
1	Adams, John D.			(1)	10.5000	0	1								D	1-Child Support	75.00		
01-01-2001	111-11-1111	Fed:	Single	2	0.00	(2)	14.0000	0							D	2-CAF Medical	10.00		
01-01-1956	Weekly	TX:	N/A			(3)		0							D	3-CAF Dental	5.00		
Regular	DD	Single						0							D	6-Child Support F	2.00		
															D	7-Child Support 2	25.00		
															D	8-Child Support 3	85.00		
															P	8-Bonus-2	150.00		
2	Alexander, Frank			(1)		0	1								D	1-Child Support	100.00		
01-01-1997	222-22-2222	Fed:	Married	0		(2)		0							D	2-CAF Medical	20.00		
01-01-1946	Weekly	TX:	N/A			(3)		0							D	3-CAF Dental	16.00		
Regular	DD	None			1,000.00			0							D	4-401K Plan	.03		
11	Sumnicht, Matthew D.			(1)		0	1												
12-14-2006	123-45-6789	Fed:	Single	0		(2)		0											
	Bi-Weekly	TX:	N/A			(3)		0											
Regular		None						0											
3	Brown, Tom			(1)	9.5000	0	2								D	2-CAF Medical	5.00		
01-01-1996	333-33-3333	Fed:	Single	1		(2)	10.5000	0							D	3-CAF Dental	6.00		
01-01-1970	Weekly	TX:	N/A			(3)		0							D	4-401K Plan	100.00		
Regular		None						0							D	5-Declining Loan	25.00	500.00	325.00
															D	8-Child Support 3	100.00		
9	Morris, Julianne			(1)	9.0000	0	3								D	4-401K Plan	.001		
03-30-2001	999-99-9999	Fed:	Single	3	5.00	(2)		0											
	Weekly	TX:	N/A			(3)		0											
Regular		None						0											
Division: 1				Policy#56945 4/30/05															

* 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	Brown, Jill			(1)	0	1							D	4-401K Plan	.03		
01-01-1995	444-44-4444	Fed: Single	0	(2)	0												
01-01-1969	Weekly	TX: N/A		(3)	0												
Regular	DD	None			650.00	0											
7	Harbordt, Edie			(1)	15.0000	0	1						D	2-CAF Medical	25.00		
01-01-1980	777-77-7777	Fed: Single	1	(2)	0								D	3-CAF Dental	15.00		
02-20-1971	Weekly	TX: N/A		(3)	0								D	4-401K Plan	.06		
Regular		None			0								P	3-Bonus Pay	50.00		
10	Thomas, Jeff D.			(1)	15.0000	0	1						D	5-Declining Loan	100.00	500.00	300.00
10-15-2005	101-01-0100	Fed: Single	3	(2)	0												
10-01-1958	Weekly	FL: N/A		(3)	0												
Regular	DD	None			0												
5	Carson, Dawn E.			(1)	8.5000	0	2						D	2-CAF Medical	2.25		
01-01-1995	555-55-5555	Fed: Single	2	(2)	0								D	4-401K Plan	50.00		
	Weekly	TX: N/A		(3)	0												
Regular		None			0												
6	Harbordt, Elizabeth G.			(1)	0	2							D	4-401K Plan	3.50		
01-01-1994	666-66-6666	Fed: Married	1	(2)	0												
07-27-1973	Weekly	TX: N/A		(3)	0												
Regular		None			700.00	0											
8	Jones, Susan R.			(1)	0	2							D	1-Child Support	.35		
05-21-2001	888-88-8888	Fed: Single	0	(2)	0												
	Weekly	TX: N/A		(3)	0												
Regular		None			650.00	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

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	
		NJ Workforce	
		NJ HealthCare	
		Locals	

Special Notes

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	
		NJ Workforce	
		NJ HealthCare	
		Locals	

Special Notes

Hand Written (Manual) / Voided Checks

***** 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-Child Support
1-Vacation Pay	2-CAF Medical
2-Sick Pay	3-CAF Dental
3-Bonus Pay	4-401K Plan
4-Holiday Pay	5-Declining Loan
5-Cash Tips	6-Child Support Fee
6-PTO	7-Child Support 2
7-Car Allowance	8-Child Support 3
8-Bonus-2	9-Child Support Test
9-Commision 1	M1-ER 401k Match
10-Commision 2	

Delivery Method: Paperless One time change to: _____ Permanent Change to: _____

Next Highest EE #: 12 Next Lowest Available EE #'s: 21, 20, 19, 18, 17, 16, 15, 14, 13, 12,

Prepared By: Your Payroll Processing Center, Inc.
7101 York Ave So Suite 320
Minneapolis, MN 55435
Phone: (612) 869-8150 Fax: (612) 869-8151

EE Control Count Figure:
66

Adams , John D.

Emp No: 1 **Chk Date:**
Div: 0 **Dept:** 1
SSN: 111-11-1111 **Freq:** Weekly

Jones , Susan R.

Emp No: 8 **Chk Date:**
Div: 1 **Dept:** 2
SSN: 888-88-8888 **Freq:** Weekly

Alexander , Frank

Emp No: 2 **Chk Date:**
Div: 0 **Dept:** 1
SSN: 222-22-2222 **Freq:** Weekly

Sumnicht , Matthew D.

Emp No: 11 **Chk Date:**
Div: 0 **Dept:** 1
SSN: 123-45-6789 **Freq:** Bi-Weekly

Brown , Tom

Emp No: 3 **Chk Date:**
Div: 0 **Dept:** 2
SSN: 333-33-3333 **Freq:** Weekly

Morris , Julianne

Emp No: 9 **Chk Date:**
Div: 0 **Dept:** 3
SSN: 999-99-9999 **Freq:** Weekly

Brown , Jill

Emp No: 4 **Chk Date:**
Div: 1 **Dept:** 1
SSN: 444-44-4444 **Freq:** Weekly

Harbordt , Edie

Emp No: 7 **Chk Date:**
Div: 1 **Dept:** 1
SSN: 777-77-7777 **Freq:** Weekly

Thomas , Jeff D.

Emp No: 10 **Chk Date:**
Div: 1 **Dept:** 1
SSN: 101-01-0100 **Freq:** Weekly

Carson , Dawn E.

Emp No: 5 **Chk Date:**
Div: 1 **Dept:** 2
SSN: 555-55-5555 **Freq:** Weekly

Harbordt , Elizabeth G.

Emp No: 6 **Chk Date:**
Div: 1 **Dept:** 2
SSN: 666-66-6666 **Freq:** Weekly

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 1-Child Support						
(1) Adams, John D.	111-11-1111	0.00	0.00	0.00	0.00	
(2) Alexander, Frank	222-22-2222	0.00	0.00	0.00	0.00	
(8) Jones, Susan R.	888-88-8888	0.00	0.00	0.00	360.14	
1-Child Support Deduction Total:		0.00	0.00	0.00	360.14	

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 2-CAF Medical						
(1)	Adams, John D.	111-11-1111	0.00	0.00	0.00	40.00
(2)	Alexander, Frank	222-22-2222	20.00	20.00	20.00	60.00
(3)	Brown, Tom	333-33-3333	0.00	0.00	0.00	15.00
(7)	Harbordt, Edle	777-77-7777	25.00	25.00	25.00	125.00
(5)	Carson, Dawn E.	555-55-5555	0.00	0.00	0.00	4.50
2-CAF Medical Deduction Total:			45.00	45.00	45.00	244.50

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 3-CAF Dental						
(1)	Adams, John D.	111-11-1111	0.00	0.00	0.00	20.00
(2)	Alexander, Frank	222-22-2222	16.00	16.00	16.00	48.00
(3)	Brown, Tom	333-33-3333	0.00	0.00	0.00	18.00
(7)	Harbordt, Edle	777-77-7777	15.00	15.00	15.00	75.00
3-CAF Dental Deduction Total:			31.00	31.00	31.00	161.00

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 4-401K Plan						
(2)	Alexander, Frank	222-22-2222	30.00	30.00	30.00	90.00
(3)	Brown, Tom	333-33-3333	0.00	0.00	0.00	300.00
(9)	Morris, Julianne	999-99-9999	0.00	0.00	0.00	0.72
(4)	Brown, Jill	444-44-4444	0.00	0.00	0.00	39.00
(7)	Harbordt, Edie	777-77-7777	3.00	3.00	3.00	114.00
(5)	Carson, Dawn E.	555-55-5555	0.00	0.00	0.00	100.00
(6)	Harbordt, Elizabeth G.	666-66-6666	3.50	3.50	3.50	10.50
4-401K Plan Deduction Total:			36.50	36.50	36.50	654.22

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 5-Declining Loan						
(3)	Brown, Tom	333-33-3333	0.00	0.00	0.00	75.00
(10)	Thomas, Jeff D.	101-01-0100	0.00	0.00	0.00	200.00
5-Declining Loan Deduction Total:			0.00	0.00	0.00	275.00

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 6-Child Support Fee						
(1) Adams, John D.	111-11-1111	0.00	0.00	0.00	8.00	
6-Child Support Fee Deduction Total:		0.00	0.00	0.00	8.00	

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 7-Child Support 2						
(1) Adams, John D.	111-11-1111	0.00	0.00	0.00	0.00	
7-Child Support 2 Deduction Total:		0.00	0.00	0.00	0.00	

Employee Number and Name	SSN	Current Payroll	Month-To-Date	Quarter-To-Date	Year-To-Date	Account No.
Deduction Name: 8-Child Support 3						
(1) Adams, John D.	111-11-1111	0.00	0.00	0.00	0.00	
(3) Brown, Tom	333-33-3333	0.00	0.00	0.00	300.00	6
8-Child Support 3 Deduction Total:		0.00	0.00	0.00	300.00	
Total Company Deductions:		112.50	112.50	112.50	2,002.86	

		Sick Pay				Vacation Pay				Personal Pay			
Employee	Hire Date	Previous Total	Year-To-Date Hours Earned	Used	Total Avail	Previous Total	Year to Date Hours Earned	Used	Total Avail	Previous Total	Year to Date Hours Earned	Used	Total Avail
1	Adams, John D.		4.04	0.00	4.04		24.00	0.00	24.00				
2	Alexander, Frank		3.33	0.00	3.33		18.00	0.00	18.00				
11	Sumnicht, Matthew D.												
3	Brown, Tom		1.60	0.00	1.60		12.00	0.00	12.00				
9	Morris, Julianne		1.60	0.00	1.60		12.00	0.00	12.00				
4	Brown, Jill		1.60	0.00	1.60		12.00	0.00	12.00				
7	Harbordt, Edie		4.13	0.00	4.13		24.00	0.00	24.00				
10	Thomas, Jeff D.		0.40	0.00	0.40		5.00	0.00	5.00				
5	Carson, Dawn E.		0.80	0.00	0.80		6.00	0.00	6.00				
6	Harbordt, Elizabeth G.		3.33	0.00	3.33		18.00	0.00	18.00				
8	Jones, Susan R.		1.60	0.00	1.60		12.00	0.00	12.00				
			22.43	0.00	22.43		143.00	0.00	143.00				

Division Info.	Dept. Info.									
Employee No. & Name		Gross	Prem. Pay	Adj. Gross	Reg Hrs	OT Hrs	WC Rate	WC Premium	Exp Modifier	Adj Premium