

# ABC NAIL SALON

Name \_\_\_\_\_  
 Period: 7/26 - 8/1/2015  
 Payment Date: 7-Aug-15

Signature \_\_\_\_\_

Date	1/1/2015	1/2/2015	1/3/2015	1/4/2015	1/5/2015	1/6/2015	1/7/2015		Total
commissions									
Tip									
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Start Time								Working Time	
Break Time								Over Time	
Fimish Time								H/Rate	
Working Hours								Total	
Sign By									
Sign by Mag.									

Gross Pay	
S.S	
Medicare	
Federal Tax	
State Tax	
State Insurance	
Total Deduction	
Net Pay	

Pay Date : \_\_\_\_\_

Check No : \_\_\_\_\_

Memo : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_