SELF/FAMILY MANAGED CARE
PAYROLL REGISTER

NAME: _____

DAY	MTH	YR	PAYEE	CHEQUE #	HOURS WORKED		HOURLY RATE OF PAY	EARNINGS				DEDUCTIONS					
					REG	O.T		REG	O.T.	V.P.	GRPSS	CPP	UI	TX EARNINGS	TAXES	TOTAL DEDUC.	NET EARNINGS