Deduction Form

Employee Name: _____ Employee Number _____

First Name, MI, Last Name

Client Name: _____

PAYCHECK DEDUCTION:

Deduction Type	Pre or Post Tax	Effective Date	Amount Per Pay period	Total Amount
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

AUTHORIZED SIGNATURES:

			Remarks
Owner		Date	
Manager		Date	
Employee		Date	