THE ABOVE SECTION MAY BE USED TO LIST MATERIALS, MISCELLANEOUS EXPENSES, SUNDAY WORK, ETC.

NUMBER OF DEPENDENTS		
EARNINGS	AMOUNT	
REGULAR HOURS @		
OVERTIME HOURS @		
GROSS EARNINGS $		
DEDUCTIONS		
SOCIAL SECURITY		
FEDERAL TAX		
STATE TAX		
MEDICAL		
INSURANCE		
TOTAL DEDUCTIONS $		
NET EARNINGS $		

CHECK NO. _____

DATE _____

EMPLOYEE'S NAME

ADDRESS

SOCIAL SECURITY NO.

SIGNATURE

WEEKLY TIME CARD

WEEK ENDING _____

FORM WTC

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NAME

WEEK ENDING

WEEKLY TOTAL

JOB NAME OR NO.	REG. HOURS	OVER-TIME	JOB NAME OR NO.	REG. HOURS	OVER-TIME	JOB NAME OR NO.	REG. HOURS	OVER-TIME
DATE MONDAY TOTAL			DATE WEDNESDAY TOTAL			DATE FRIDAY TOTAL		
DATE TUESDAY TOTAL			DATE THURSDAY TOTAL			DATE SATURDAY TOTAL		

FORM WTC

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SAMPLE