

COMPANY:			PAYMENT NUMBER:				
			PAYMENT PERIOD:				
EMPLOYEE:			EMP. NO.	N.I. CODE	TAX CODE	WEEK/MONTH	PAY DATE
NATIONAL INSURANCE NUMBER:							
DESCRIPTION	RATE	AMOUNT	DESCRIPTION	AMOUNT	YEAR TO DATE TOTALS		
			EMPLOYER CONTRIBUTIONS		THIS PERIOD		
					NET PAY		

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