

UNIFIED POLICE DEPARTMENT BI WEEKLY
PAYROLL DEDUCTION SOURCE SHEET

EMPLOYEE NAME _____

ORG. # _____

SOCIAL SECURITY NUMBER _____

TYPE OF DEDUCTION	CODE	AMOUNT
_____	_____	\$ _____.
_____	_____	\$ _____.
_____	_____	\$ _____.
_____	_____	\$ _____.
_____	_____	\$ _____.
_____	_____	\$ _____.

ADDITIONAL TAXES

FEDERAL W/H \$ _____.

STATE W/H \$ _____.

I AUTHORIZE THE ABOVE DEDUCTIONS:

EMPLOYEE SIGNATURE

DATE SIGNED

REPLACES ALL PRIOR DECLARATIONS