VOLUNTARY DEDUCTION PAYROLL REGISTER

Company Name:
Pay Period Start:
Payroll Run Date:
Pay Period End:

EMP ID	EMPLOYEE NAME	RETIREMENT (401K)	HEALTH INS.	DENTAL INS.	VISION INS.	FSA / HSA	LIFE INS.	OTHER	TOTAL DEDUCTIONS
	Total:								

Prepared By (Signature / Date)

Reviewed By (Signature / Date)

Approved By (Signature / Date)