Name:	Address:	City/State/Zip:	SS #:
Union Position:	Telephone No:	Marital Status:	Tax Exemption Code:

UNITED STEELWORKERS - LOCAL UNION #

**YEAR:** \_\_\_\_

Gross Earnings									Deductions	s			Net Earnings	Earnings					
Payroll Period	# of Hours	Rate Per Hr	Salary	Lost Time	Taxable Expenses	Ttl. Taxable Earnings	Social Security	Medicare	Federal Tax	State Tax	Other	Per Hour Dues	Percentage Dues	Amount		Amount of Check	Check Number	Date Paid	
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	UNITED S	YEAR:	
Name:	Address:	City/State/Zip:	SS #:
Union Position:	Telephone No:	Marital Status:	Tax Exemption Code:

Gross Earnings									Deduction	s			Net Earnings	arnings					
Payroll Period	# of Hours	Rate Per Hr	Salary	Lost Time	Taxable Expenses	Ttl. Taxable Earnings	Social Security	Medicare	Federal Tax	State Tax	Other	Per Hour Dues	Percentage Dues	Amount	Expenses	Amount of Check	Check Number	Date Paid	
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