UNITED STEELWORKERS - LOCAL UNION # _____ **YEAR: _____**

Name: _____ **Address:** _____ **City/State/Zip:** _____ **SS#:** _____

Union Position: _____ **Telephone No:** _____ **Marital Status:** _____ **Tax Exemption Code:** _____

Gross Earnings							Deductions							Net 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	% Dues	Amount	Expenses	Amount of Check	Check Number	Date Paid
1st Qtr.																		
3 Mos.																		
2nd Qtr.																		
6 Mos.																		

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3rd Qtr.																		
9 Mos.																		
4th Qtr.																		
12 Mos.																		