L-204 PAYROLL REGISTER

NAME SOCIAL SECURITY NUMBER (LAST 4) MARITAL STATUS S M JOB GRADE UNDERGROUND SURFACE

ADDRESS PHONE DATE

OFFICE/POSITION HELD

DATE	CHECK # EXPLANATION SALARY	LOST TIME	NON LOST	GROSS	FICA	FIT	TOTAL	NET	TOTAL	AMOUNT OF	EXPENSES PAID
		WGES	TIME WAGES	EARNINGS			DEDUCTIONS	EARNINGS	REIMBURSEMENTS	CHECK	ON BEHALF OF
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