



NAME (Last)	(First)	(M.I.)	ADDRESS	SOCIAL SECURITY NO.	EMPLOYEE NO.	TAXABLE YEAR
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**INDIVIDUAL EARNINGS RECORD - NAVCOMPT FORM 2209 (10-71)**

DEPARTMENT OR PLACE OF WORK	OCCUPATION	SALARY	RATE	EXEMPTIONS	DATE	
					EMPLOYED	TERMINATED

PERIOD ENDING	EARNINGS					FREE MEALS	DEDUCTIONS										NET PAY
	SALARIES AND WAGES	SERVICE CHARGES	REPT'D TIPS	TOTAL EARNINGS	FEDERAL INC. TAX		ST./TERR. INC. TAX	F. I. C. A.	SAVINGS BONDS	RETIRE. INSUR.	RETIRE. ANNUITY	LIFE INSUR.	MEDICAL INSUR.	OTHER	TOTAL DEDUCTS		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
FIRST QUARTER																	
SUB-TOTAL																	
SECOND QUARTER																	
SUB-TOTAL																	

