

CONTINUATION SHEET

CONTRIBUTION REMITTANCE REPORT

EMPLOYER NAME

WEEK OR PERIOD ENDING:

YR _____

1	SOCIAL SECURITY NUMBER		EMPLOYEE NAME (LAST NAME, FIRST NAME & INIT)	LOCAL UNION	GROSS WAGES		HOURS WORKED		HOURS PAID		WORKING DUES	
					DOLLARS	CENTS	HOURS	10TH	HOURS	10TH	DOLLARS	CENTS
2												
3												
4												
5												
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22												
23												
24												
25												
PAGE TOTALS ►		TOTAL NUMBER OF EMPLOYEES REPORTING		TOTALS ►								