FORM NO 2 (Revised 9-03)

CONTRIBUTION REMITTANCE REPORT

CONTINUATION SHEET

PAGE ____ OF ____

EMPLOYER NAME

WEEK OR PERIOD ENDING:

_____, _____, _____, _____, _____, YR

AFL-CIO-CLC UNION USW LABEL LOCAL-1408

	SOCIAL SECURITY NUMBER	EMPLOYEE NAME (LAST NAME, FIRST NAME & INIT)	LOCAL UNION	GROSS WAGES		HOURS WORKED		HOURS PAID		WORKING DUES (IF NOT EQUAL TO 3% OF GROSS WAGE)	
				DOLLARS	CENTS	HOURS	10TH	HOURS	10TH	DOLLARS	CENTS
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
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19											
20											
21											
22											
23											
24											
25											
PAGE TOTALS ►		TOTAL NUMBER OF EMPLOYEES REPORTING		**TOTALS ►**							