

# LOCAL UNION DUES

## Payroll Remittance Report

### EMPLOYER INFORMATION

Company Name:

Address:

Contact Person:

Phone / Email:

### REMITTANCE INFO & LOCAL

Union Local No:

Remittance Period:

Payment Date:

Check / Ref No:

NO.	EMPLOYEE ID	EMPLOYEE NAME	SOCIAL SECURITY NO. (LAST 4)	GROSS WAGES	DUES WITHHELD	INITIATION FEES / OTHER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Totals:</b>						

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**Prepared By (Employer Representative)**

Date: \_\_\_\_\_

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**Authorized Signature**

Date: \_\_\_\_\_