

Phone: (217) 532-3679

At the time this employer made the supplement dues deductions hereby being remitted, it has in its file a signed check-off card authorizing such deductions from each of the employees listed on this reporting form.

(Title)

Employer's Report

Employer's Name: _____ For Month of: _____ Year: _____

Employee's Social Security Number	Name of Employee	Local No.	Hours for Month	Gross Pay	Working Dues Amount Withheld 5% of Gross
1. Make Check Payable to: Labor Local #1084 2. Mail Check/Reporting form(s) to: Labor Local #1084, 303 Berry Street, Hillsboro, IL 62049 3. Check/Reporting form(s) are due by the 15 th of the following month.		Total This Page			
		Total Attached Pages			
		Grand Total			