

UAW MINNESOTA STATE CAP COUNCIL
900 E CENTER STREET
OTTAWA IL 61350
815-390-3202



PER CAPITA TAX FORM

NUMBER OF MEMBERS

From Line 5, Form A-3

UAW LOCAL

2.4 % of \$ _____ dues received for the month of _____, 20____
amounts to \$ _____, for which check# _____ is enclosed.

Note: Multiply the total dues received for the month by .024 to determine the Per Capita Tax
due the Minnesota State CAP Council.

Make your check payable to : UAW Minnesota State Council

Mail your check and the form to : 900 E CENTER STREET
OTTAWA IL 61350

Print Name: _____, Fin. Sec.
Address: _____
City & State: _____
Zip Code: _____

Please Check: New Address

New Financial Secretary

YOUR CANCELED CHECK IS YOUR RECEIPT