

Fox River Valley Area



UAW WISCONSIN 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 Wisconsin State CAP Council.

Make your check payable to : UAW Wisconsin State CAP 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