



UAW REGION 4 IPS COUNCIL

900 E. CENTER STREET

OTTAWA, IL 61350

(847) 459-3888

PER CAPITA TAX FORM FOR POOLED ARBITRATION FUND

Date of Payment: _____, 20____

UAW LOCAL _____

4/10th of 1% 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 .004 to determine the Per Capita Tax due the Region 4 IPS Pooled Arbitration Fund. If the amount due is less than \$5.00, please pay the \$5.00 minimum as required by the Region 4 IPS Council Pooled Arbitration Fund Bylaws.

Make your check payable to: **UAW Region 4 IPS Council**

Mail your check and the form to: **UAW Region 4 IPS Council
900 E. Center Street
Ottawa, IL 61350**

Print Name: _____, Fin.Sec.

Address: _____

City & State: _____

Zip Code: _____

**Amalgamated Locals: Please Note Units & Companies Covered on Back of Form.
Update only as Needed.**

Please Check: New Address

New Financial Secretary

YOUR CANCELED CHECK IS YOUR RECEIPT