



**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 \_\_\_\_\_

4/10<sup>th</sup> 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**