LABOR AFFILIATION'S ASSESSMENT
AND BOILERMAKERS LOCAL #169 ASSESSMENT

Employer	Taxpayer ID No.	Work Month
Address		REPORT ALL WEEKLY PAYROLL PERIODS ENDING IN THE ABOVE MONTH
City, State and Zip	Phone	

EMPLOYEE'S NAME Last Initials	SOCIAL SECURITY #	HOURS WORKED Regular	Time and a Half	Double Time
	TOTAL			

Boilermakers Local 169
1755 Fairlane Drive
Allen Park, MI 48101

REQUEST FOR FORMS ☐

_____ TOTAL HOURS x 20¢ PER HOUR =	$
ADJUSTMENTS (please explain)	$
TOTAL AMOUNT DUE	$

Contributions are due by the 15th day of the month following the month the employees worked, in accordance with the collective bargaining agreement.

_____
Authorized Signature of Employer