

CONTINUATION SHEET

PLEASE TYPE OR PRINT

NAME
ADDRESS
CITY,
STATE

LOCAL UNION NO. WHERE WORK IS PERFORMED
EMPLOYER'S FEDERAL
REGISTRATION NO.

This Transmittal Covers ALL Payroll Periods Ending in Calendar MONTH OF 19.....

COLUMN 1			COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME AND INITIALS	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS

Form No. PR-2 Check when more forms are needed. TOTAL THIS PAGE

ORIGINAL FOR NEBF

