



IAM
LOCAL 846

Taxable Expense

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Airline: _____ Employee #: _____

Taxable Expense

Dates: _____ Amount: _____

Total Amount: _____

Reason: **Amount equal to dues**

*****Office Use Only*****

Check Date: _____ Check #: _____

Gross Amount: _____ Net Earnings: _____

Federal Tax: _____ State: _____ Medicare: _____ Social Security: _____

Member Signature: _____

Trustee Signature: _____

SEAL

Trustee Signature: _____