

IAMAW Local Lodge 846
P.O. Box 264 BWI Airport
Linthicum, MD 21090

Taxable Expense Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Airline: _____ Employee Number: _____

Taxable Expense:

Dates: _____ Amount: _____

Total Amount: _____

Reason: Amount Equal to Dues _____

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

Check Date: _____ Check Number: _____

Gross Amount Paid: _____ Net Earnings: _____

Federal Tax: _____ State Tax: _____ Medicare: _____

Social Security: _____

Member's Signature: _____

(Two Signatures required below)

Trustee's Signature: _____

SEAL

Trustee's Signature: _____