## CONTINUATION SHEET

	PLEASE TYPE OR PRINT	_		Page No.	
NAME		LOCAL UNION NO. WHERE	WORK IS PERFORMED		
ADDRESS					
CITY, STATE EMPLOYER'S F		REGISTRATION NO	NO.		
		_			
. This Transmitt	al Covers ALL Payroll Weeks Ending				
COLUMN I	COLUMN 2	COLUMN		COLUMN 5	
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE LAST NAME AND INITIALS	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	
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Form No. MPR-4 Check	, when more forms are needed. TOTAL	THIS PAGE			
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