CONTINUATION SHEET

Page No.

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 Weeks Ending in Calendar MONTH OF .... 20 ....

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE LAST NAME, FIRST NAME AND MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS
Form No. MPR-2 1-93 Check..................when more forms are needed.	TOTAL THIS PAGE			

NEBF