

Form to Report Earnings Discrepancies

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Participant ID #: _____ Telephone #: (_____) _____-_____

If you feel that there are any discrepancies in the amounts reported, **please fill out this form and return it with copies of your contract(s), check stub(s) and dues declaration(s).** You can send this form and any accompanying documentation to Employer Compliance via secure email: bit.ly/pwgasecuremail. Please note, some contributions may have been received after the closing date of this summary.

Employer Name	Project	Period Worked or Air Date of Residual	Missing Earnings	Check here if Residual

Signature: _____ Date: _____