



United Professors of Marin

AFT/CFT Local 1610
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www.upm.website

UPM HOURLY PAYROLL REGISTRATION FORM

NOTE: All committee members are paid by the current stipend rate as per the CBA. Please complete the following and use your home address (not a P.O. box). **Please return to the UPM office listed above.**

COMPLETE NAME: _____

MAILING ADDRESS

STREET: _____

CITY: _____

ZIP CODE: _____

TELEPHONE: _____

CELL: _____

PRIVATE (non-COM) EMAIL: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

FEDERAL TAX:

WITHHOLDING STATUS (Please select one of the following):

Single Married Married, but withhold at higher single rate

TOTAL NO. OF ALLOWANCES:

STATE TAX:

WITHHOLDING STATUS (Please select one of the following):

Head of Household Married (one income) Single or Married (with 2 or more incomes)

TOTAL NO. OF ALLOWANCES:

Signature: _____ **DATE:** _____