

Grand Chapter of Colorado, O.E.S

Subordinate Chapter Wage Report

Chapter Name & Number _____

Date _____

Secretary Name Address City, State, Zip SS #	1st Qtr Wages Ck# & Date Paid Taxes W/H	2nd Qtr Wages Ck# & Date Paid Taxes W/H	3rd Qtr Wages Ck# & Date Paid Taxes W/H	4th Qtr Wages Ck# & Date Paid Taxes W/H
Treasurer Name Address City, State, Zip SS#	1st Qtr Wages Ck# & Date Paid Taxes W/H	2nd Qtr Wages Ck# & Date Paid Taxes W/H	3rd Qtr Wages Ck# & Date Paid Taxes W/H	4th Qtr Wages Ck# & Date Paid Taxes W/H
Secretary Name Address City, State, Zip SS#	1st Qtr Wages Ck# & Date Paid Taxes W/H	2nd Qtr Wages Ck# & Date Paid Taxes W/H	3rd Qtr Wages Ck# & Date Paid Taxes W/H	4th Qtr Wages Ck# & Date Paid Taxes W/H
Treasurer Name Address City, State, Zip SS#	1st Qtr Wages Ck# & Date Paid Taxes W/H	2nd Qtr Wages Ck# & Date Paid Taxes W/H	3rd Qtr Wages Ck# & Date Paid Taxes W/H	4th Qtr Wages Ck# & Date Paid Taxes W/H

Check if no wages are paid

Signed _____ Date _____