

NAME James Shake EMPLOYEE NO. \_\_\_\_\_ LOCAL UNION NO. X  
DEPT. Social Security

AUTHORIZATION FOR DUES CHECKOFF

THIS IS TO ADVISE YOU THAT I WISH TO AVAIL MYSELF OF THE MONTHLY DUES CHECKOFF FOR INTERNATIONAL UNION STAFF.

IT IS UNDERSTOOD THAT THE MONTHLY DEDUCTION WILL BE BASED ON THE FOLLOWING FORMULA. *per section 29(ii) of Article 15 - 1.44% of straight-time*

~~YEARLY SALARY DIVIDED BY 2080 HOURS  
(52 TIMES 40 HOURS) TIMES 2.5 HOURS~~

*monthly wages*

*NA-no UAW Local dues* MY LOCAL UNION HAS LOCAL DUES IN THE AMOUNT OF \_\_\_\_\_ PER MONTH. PLEASE ADD THIS AMOUNT TO MY REGULAR TWO HOURS PAY MONTHLY DUES DEDUCTION.


THIS AUTHORIZATION SUPERCEDES ANY PREVIOUS DUES AUTHORIZATION EXECUTED BY ME.

SIGNATURE James Shake EFFECTIVE MONTH OF January 20 15

EX. A

EX. A

Ex. B

a Employee's social security number [REDACTED]		OMB No. 1545-0008		Safe, accurate, FASTI Use		 Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
b Employer identification number (EIN) 38-0679801				1 Wages, tips, other compensation 129,440.92	2 Federal income tax withheld 27,309.20		
c Employer's name, address, and ZIP code INTERNATIONAL UNION, UAW 8000 EAST JEFFERSON AVENUE DETROIT, MICHIGAN 48214 ATTN: ACCOUNTING DEPARTMENT - (313) 926-5431				3 Social security wages 117,000.00	4 Social security tax withheld 7,254.00		
				5 Medicare wages and tips 143,112.45	6 Medicare tax withheld 2,075.16		
				7 Social security tips	8 Allocated tips		
d Control number 830				9	10 Dependent care benefits 0.00		
e Employee's first name and initial JAMES		Last name SHAKE		Suff.		11 Nonqualified plans	
f Employee's address and ZIP code [REDACTED] [REDACTED]				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12 L 230.00	
				14 Other		12b C 849.00	
				DUES 296.66		12c DD 20,396.28	
				UNITD FUND 1,281.69		12d D 13,671.53	
15 State MI	Employer's state ID number 380679801	16 State wages, tips, etc. 129,440.92	17 State income tax 5,309.00	18 Local wages, tips, etc. 129,440.92	19 Local income tax 1,565.22	20 Locality name DETROIT	

Form **W-2** Wage and Tax Statement **2014**


Department of the Treasury—Internal Revenue Service

**2014 Fringe Benefit Statement**

Fringe benefit amounts (Included in Box 1):		Box 12 fringe benefit amounts:	
Gas & Oil	1,430.66	Non-Taxed Out of Town Per Diem	230.00
Car Allowance	6,853.95	Taxed Life Insurance (Included in Box 1)	849.00
In Town Per Diem	0.00	Non Taxed Health Insurance	20,396.28
Car Insurance	1,468.92	401(k) Contribution	13,671.53
Mortgage Subsidy	650.76		
<b>Total Above:</b>	<b>10,404.29</b>	<b>Total Above:</b>	<b>35,146.81</b>

Ex. B



a Employee's social security number [REDACTED]		OMB No. 1545-0008		Safe, accurate, FASTI Use		 Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
b Employer identification number (EIN) 38-0679801				1 Wages, tips, other compensation 124,775.18		2 Federal income tax withheld 26,179.02	
c Employer's name, address, and ZIP code INTERNATIONAL UNION, UAW 8000 EAST JEFFERSON AVENUE DETROIT, MICHIGAN 48214 ATTN: ACCOUNTING DEPARTMENT - (313) 926-5431				3 Social security wages 118,500.00		4 Social security tax withheld 7,347.00	
				5 Medicare wages and tips 138,013.68		6 Medicare tax withheld 2,001.24	
				7 Social security tips		8 Allocated tips	
d Control number 830				9		10 Dependent care benefits 0.00	
e Employee's first name and initial JAMES		Last name SHAKE		Suff.		11 Nonqualified plans	
[REDACTED]		[REDACTED]		[REDACTED]		12a See instructions for box 12 L 233.00	
[REDACTED]		[REDACTED]		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C 849.00	
[REDACTED]		[REDACTED]		14 Other DUES 1,833.27 UNITD FUND 130.00		12c DD 18,756.00	
[REDACTED]		[REDACTED]		[REDACTED]		12d D 13,238.50	
f Employee's address and ZIP code				15 State Employer's state ID number MI 380679801		16 State wages, tips, etc. 124,775.18	
17 State income tax 5,121.00		18 Local wages, tips, etc. 124,775.18		19 Local income tax 1,471.70		20 Locality name DETROIT	

Form **W-2** Wage and Tax Statement

**2015**

Department of the Treasury—Internal Revenue Service

**2015 Fringe Benefit Statement**

Fringe benefit amounts (Included in Box 1):		Box 12 fringe benefit amounts:	
Gas & Oil	1,260.00	Non-Taxed Out of Town Per Diem	233.00
Car Allowance	6,600.10	Taxed Life Insurance (Included in Box 1)	849.00
In Town Per Diem	0.00	Non Taxed Health Insurance	18,756.00
Car Insurance	1,541.21	401(k) Contribution	13,238.50
Mortgage Subsidy	650.76		
<b>Total Above:</b>	<b>10,052.07</b>	<b>Total Above:</b>	<b>33,076.50</b>



Ex.D

a Employee's social security number [REDACTED]		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 38-0679801				1 Wages, tips, other compensation 138,726.53		2 Federal income tax withheld 29,809.50			
c Employer's name, address, and ZIP code INTERNATIONAL UNION, UAW 8000 EAST JEFFERSON AVENUE DETROIT, MICHIGAN 48214 ATTN: ACCOUNTING DEPARTMENT - (313) 926-5431				3 Social security wages 118,500.00		4 Social security tax withheld 7,347.00			
				5 Medicare wages and tips 148,850.01		6 Medicare tax withheld 2,158.33			
				7 Social security tips		8 Allocated tips			
d Control number 830				9		10 Dependent care benefits 0.00			
e Employee's first name and initial JAMES		Last name SHAKE		11 Nonqualified plans		12a See instructions for box 12 L 636.00			
[REDACTED]		[REDACTED]		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C 849.00			
[REDACTED]		[REDACTED]		14 Other DUES 1,985.67 UNITD FUND 390.00		12c DD 21,020.88			
f Employee's address and ZIP code				12d D 10,123.48					
15 State MI	Employer's state ID number 380679801	16 State wages, tips, etc. 138,726.53	17 State income tax 5,728.00	18 Local wages, tips, etc. 138,726.53	19 Local income tax 1,643.25	20 Locality name DETROIT			

Form **W-2** Wage and Tax Statement

**2016**

Department of the Treasury—Internal Revenue Service

### 2016 Fringe Benefit Statement

Fringe benefit amounts (Included in Box 1):		Box 12 fringe benefit amounts:	
Gas & Oil	1,213.97	Non-Taxed Out of Town Per Diem	636.00
Car Allowance	6,600.10	Taxed Life Insurance (Included in Box 1)	849.00
In Town Per Diem	0.00	Non Taxed Health Insurance	21,020.88
Car Insurance	1,179.92	401(k) Contribution	10,123.48
Mortgage Subsidy	650.76		
<b>Total Above:</b>	<b>9,644.75</b>	<b>Total Above:</b>	<b>32,629.36</b>

Ex.D



a Employee's social security number [REDACTED]		Safe, accurate, FASTI Use		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
b Employer identification number (EIN) 38-0679801		1 Wages, tips, other compensation 137,040.50		2 Federal income tax withheld 29,332.28	
c Employer's name, address, and ZIP code INTERNATIONAL UNION, UAW 8000 EAST JEFFERSON AVENUE DETROIT, MICHIGAN 48214 ATTN: ACCOUNTING DEPARTMENT - (313) 926-5431		3 Social security wages 127,200.00		4 Social security tax withheld 7,886.40	
		5 Medicare wages and tips 147,209.62		6 Medicare tax withheld 2,134.51	
		7 Social security tips		8 Allocated tips	
d Control number 830		9 [REDACTED]		10 Dependent care benefits 0.00	
e Employee's first name and initial JAMES		Last name SHAKE		Suff.	
f Employee's address and ZIP code [REDACTED]		11 Nonqualified plans		12a See instructions for box 12 L   1,008.00	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C   1,633.68	
		14 Other DUES 1,961.49		12c DD   23,510.88	
		UNITD FUND 635.44		12d D   10,169.12	
15 State MI	Employer's state ID number 380679801	16 State wages, tips, etc. 137,040.50	17 State income tax 5,655.00	18 Local wages, tips, etc. 137,040.50	19 Local income tax 1,622.99
				20 Locality name DETROIT	

Form **W-2** Wage and Tax Statement

**2017**


Department of the Treasury—Internal Revenue Service

**2017 Fringe Benefit Statement**

Fringe benefit amounts (Included in Box 1):		Box 12 fringe benefit amounts:	
Gas & Oil	1,473.59	Non-Taxed Out of Town Per Diem	1,008.00
Car Allowance	6,600.10	Taxed Life Insurance (Included in Box 1)	1,633.68
In Town Per Diem	0.00	Non Taxed Health Insurance	23,510.88
Car Insurance	1,003.86	401(k) Contribution	10,169.12
Mortgage Subsidy	488.07		
<b>Total Above:</b>	<b>9,565.62</b>	<b>Total Above:</b>	<b>36,321.68</b>



Ex. F

a Employee's social security number [REDACTED]		OMB No. 1545-0008		Safe, accurate, FASTI Use		 Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>			
b Employer identification number (EIN) 38-0679801			1 Wages, tips, other compensation 106,172.48		2 Federal income tax withheld 19,544.51				
c Employer's name, address, and ZIP code INTERNATIONAL UNION, UAW 8000 EAST JEFFERSON AVENUE DETROIT, MICHIGAN 48214 ATTN: ACCOUNTING DEPARTMENT - (313) 926-5431			3 Social security wages 114,350.41		4 Social security tax withheld 7,089.72				
			5 Medicare wages and tips 114,350.41		6 Medicare tax withheld 1,658.09				
			7 Social security tips		8 Allocated tips				
d Control number 830			9 [REDACTED]		10 Dependent care benefits 0.00				
e Employee's first name and initial JAMES		Last name SHAKE	Suff.	11 Nonqualified plans		12a See instructions for box 12 L 189.00			
[REDACTED]		[REDACTED]		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C 1,225.26			
[REDACTED]		[REDACTED]		14 Other DUES 1,463.64 UNITD FUND 475.46		12c DD 17,837.73			
[REDACTED]		[REDACTED]		[REDACTED]		12d D 8,177.93			
f Employee's address and ZIP code			15 State MI	Employer's state ID number 380679801	16 State wages, tips, etc. 106,172.48	17 State income tax 4,372.00	18 Local wages, tips, etc. 106,172.48	19 Local income tax 1,255.85	20 Locality name DETROIT

Form **W-2** Wage and Tax Statement

**2018**

Department of the Treasury—Internal Revenue Service

**2018 Fringe Benefit Statement**

Fringe benefit amounts (Included in Box 1):		Box 12 fringe benefit amounts:	
Gas & Oil	1,220.87	Non-Taxed Out of Town Per Diem	189.00
Car Allowance	4,841.28	Taxed Life Insurance (Included in Box 1)	1,225.26
In Town Per Diem	0.00	Non Taxed Health Insurance	17,837.73
Car Insurance	911.60	401(k) Contribution	8,177.93
<b>Total Above:</b>	<b>6,973.75</b>	<b>Total Above:</b>	<b>27,429.92</b>

Ex. F



April 19, 2019

Gary Jones, President  
International Union, UAW  
8000 East Jefferson Avenue  
Detroit, MI 48214

RE: Local X "Dues" withholdings – refund request

Dear President Jones:

Between December 2014 and September 2018 I had Local X "dues" withheld from my pay. I am requesting the full refund, with interest, of those "dues" amounts that had been withheld from my pay. I am also requesting the payment of any attorney fees and expenses that may be need to be incurred in the pursuit of this refund. Since the withholdings were done on an after-tax basis, there should not be any withholdings from the refund. The amounts on my W-2 forms from 2014 through 2018 total \$7,540.73, exclusive of subsequent interest.

In years after 2014, I have searched LM2 filings to see if there were any federal filings for Local X or Local 000X. I did not find any. Nor have there ever been any Local X meetings or elections.

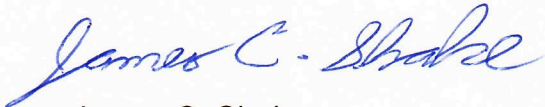
I believe these "dues" withholdings to be nothing more that kickbacks. At least one UAW staff attorney advised me to request the refund of these "dues" upon retirement, as they also believe them to be nothing other than kickbacks. I communicated this belief to Niraj Ganatra and to Susanne Mitchell on or about October 25, 2017.

In October 2014, my department head gave everyone the "dues" authorization cards and told everyone that we needed to sign them. When I researched dues calculations for the regular UAW Locals, I saw that dues were only to be calculated on straight-time pay. When I modified the "dues" card to reflect only straight-time pay (my pay specifically includes imputed overtime, as demonstrated in my \$1 per hour/\$52 per week 401(k) contributions for retiree medical), Chuck Browning told me that I needed to sign the card as it was printed. I was also reminded that I was an at-will employee and did not need to have my employment continued. Being coerced that way, I then signed the card as it was originally printed.

I look forward to the prompt refund of these withholdings, with applicable interest.

Page 2  
Gary Jones, President  
April 18, 2019

In Solidarity,



James C. Shake  
4223 Browsing Lane  
Marcellus, NY 13108-9670

315-247-0310

cc: N. Ganatra, Mackinac Center Legal Foundation