PLUMBERS LOCAL 98

PO BOX 159
TROY, MI 48099-0159

PHONE: (248) 641-4988 **TOLL FREE: (866) 646-8919**

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

SERVICE REPAIR/RESIDENTIAL/LIGHT COMMERCIAL SEC 160

MONTH: _____ **FROM:** _____ **TO:** _____

IF WORK IS DONE UNDER THE RESIDENTIAL AGREEMENT, THEN THE MAXIMUM OF 40 HOURS FRINGES PER WEEK ARE PAID.

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	TOTAL HOURS WORKED (A)	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
			HOURS (B)	RATE	AMOUNT (C)
	TOTAL				

TOTAL HOURS (A) _____ **X $16.03 PER HOUR** **= $** _____

WAGE REDUCTION (B) _____ **HOURS** **TOTAL (C) $** _____

TOTAL THIS REPORT $ _____

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
LOCK BOX #141
PO BOX 33321
DETROIT, MI 48232-5321

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

FRINGE BENEFITS	
PENSION	$7.50
INSURANCE	$5.06
INDUSTRY	$0.25
WORK DUES	$0.56
GEN. DUES	$0.20
DEF. CONTR.	$1.00
SUB	$0.25
TRAINING	$0.41
HALL DUES	$0.15
INT'L TR. ED.	$0.05
RETIREE BEN.	$0.10
I.A.R.F.	$0.50
TOTAL	$16.03

EMPLOYERS NOT PAYING THE $.25 TO THE INDUSTRY FUND MUST ALLOCATE THE $.25 TO THE TRAINING FUND. PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.25 DIRECTLY TO THE INDUSTRY FUND.

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

DEPOSIT DATE: _____

CHECK NUMBER: _____

CHECK AMOUNT: _____

ENTERED BY: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

TELEPHONE: _____

CHECK FOR MORE FORMS ____

SIGNATURE: _____ **DATE:** _____

SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.