## 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 METAL TRADES HELPER SEC 135** MONTH: FROM: \_ TO: LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK. RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS **WORKED IN EXCESS OF 40 IN ANY WEEK.** 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 THE TYPE OF WORK EXPLAINED IN THE LANGUAGE ABOVE. WAGE REDUCTION PLAN Total STRAIGHT TIME NOT TO EXCEED **40 HOURS PER WEEK** Hours Total Double Straight Straight Over Worked Hours **SOCIAL SECURITY NUMBER EMPLOYEE NAME** AMOUNT (C) Time (B) Rate Time Time Time (A) Reported TOTAL TOTAL HOURS (A) X \$10.80 MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98 MAIL TO: PLUMBERS LOCAL 98 TOTAL (C) \$ WAGE REDUCTION (B) HOURS PO BOX 675434 **DETROIT. MI 48267-5434 TOTAL THIS REPORT \$** 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. EMPLOYERS NOT PAYING THE \$.35 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.35 TO THE TRAINING FUND. FRINGE BENEFITS TRAINING FUND PLEASE CHECK HERE IF APPLICABLE: \_ F THIS INFORMATION IS NOT COMPLETED. THE FUND OFFICE WILL ALLOCATE THE \$.35 DIRECTLY TO THE INDUSTRY FUND. INSURANCE FUND \$6.57 WORK DUES FUND \$0.90 GENERAL DUES FUND \$0.10 ADMINISTRATIVE USE ONLY PENSION D.C. \$1.75 EMPLOYER: TRAINING FUND \$0.10 DATE RECEIVED: INT'L TR FUND \$0.05 ADDRESS: PIP EDU COUNCIL FUND \$0.43 **DEPOSIT DATE:** IARF FUND \$0.90 \_\_\_\_\_ST: \_\_\_\_ZIP: \_\_ CITY: \_ TOTAL \$10.80 CHECK NUMBER: CHECK FOR TELEPHONE: MORE FORMS CHECK AMOUNT: ENTERED BY: SIGNATURE: .

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 BARCAINING 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 FILIND CONTRIBILITIONS

EFF Date: 6/2/2025