

**PLUMBERS LOCAL 98
PO BOX 159
TROY, MI 48099-0159**

PHONE: (248) 641-4988

TOLL FREE: (888) 646-8919

**THIS REPORT IS TO BE USED ONLY FOR PRINCIPALS WHO WORK WITH TOOLS OF THE TRADE.
DO NOT USE FOR JOURNEYMEN OR APPRENTICES**

RESIDENTIAL WORKING PRINCIPAL

Month: _____ From: _____ To: _____

SEC 171

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 STRAIGHT TIME HOURS ONLY.

THE PRINCIPAL MUST REPORT FOR NOT LESS THAN 32 HOURS OF WORK EACH WEEK. ONLY ONE WORKING PRINCIPAL PER FORM. THIS FORM IS NOT TO BE USED FOR SALESMEN, ESTIMATORS, SUPERINTENDENTS AND OTHER SUCH SALARIED PERSONNEL. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	END OF LAST PAY PERIOD	TOTAL HOURS WORKED

FRINGE BENEFITS

MANDATORY	OPTIONAL*** WAGE REDUCTION PLAN	OPTIONAL*** DEFINED CONTRIBUTION	OPTIONAL INSURANCE ***
DB PENSION FUND optional	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	Working Principal can elect single or family coverage under the Full, Standard, or Basic plans as listed on back side of form
TRAINING FUND \$1.77			
WORKING DUES FUND \$2.08			
GENERAL DUES \$0.40			
INT'L TRAINING FUND \$0.10			
PIPING ED COUNCIL FUND \$0.60			
IARF FUND \$1.25			
Insurance optional	\$	\$	\$
TOTAL \$6.20	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

OPTIONAL CONTRIBUTIONS *****

TOTAL HOURS _____ X \$5.52 = _____	MAKE CHECK PAYABLE TO: LOCAL 98 PO BOX 675434 DETROIT, MI 48267-5434
WAGE REDUCTION OPTION AMT \$ _____	
D/C PENSION FUND OPTION AMOUNT \$ _____	
INSURANCE PLAN OPTION AMOUNT \$ _____	
TOTAL THIS REPORT \$ _____	

THIS REPORT WITH PAYMENT MUST BE RECEIVED BY THE PIPEFITTERS LOCAL 636 TRUST FUNDS NO LATER THAN THE 15TH OF THE MONTH FOLLOWING THE MONTH BEING REPORTED. REMITTANCE FOR FRINGES IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK. ** SEE REVERSE SIDE

ADMINISTRATIVE USE ONLY DATE RECEIVED: _____ DEPOSIT DATE: _____ CHECK NUMBER: _____ CHECK AMOUNT: _____ ENTERED BY: _____	EMPLOYER: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ TELEPHONE: _____ SIGNATURE: _____ DATE: _____
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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.

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL WORKING PRINCIPALS EMPLOYED OR WORKING FOR THE EMPLOYER UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE UNDERSIGNED 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 THE TERMS OF THE TRUST AGREEMENTS OF THE FUNDS, SPECIFICALLY INCLUDING PROVISIONS RELATING TO FRINGE BENEFIT FUND CONTRIBUTIONS.

SUBMISSIONS OF CONTRIBUTIONS ON ALTERNATE FORMS MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE

EFF Date: 6/1/2026

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WORKING PRINCIPAL

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SEC 170

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SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	END OF LAST PAY PERIOD	TOTAL HOURS WORKED

FRINGE BENEFITS

MANDATORY	OPTIONAL*** WAGE REDUCTION PLAN	OPTIONAL*** DEFINED CONTRIBUTION	OPTIONAL INSURANCE ***
DB PENSION FUND \$18.90	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	Working Principal can elect single or family coverage under the Full, Standard, or Basic plans as listed on back side of form
TRAINING FUND \$1.77			
WORKING DUES FUND \$2.20			
GENERAL DUES \$0.40			
INT'L TRAINING FUND \$0.10			
PIPING ED COUNCIL FUND \$0.60			
BUILDING FUND \$0.25			
IARF FUND \$1.25			
TOTAL \$25.47	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

OPTIONAL CONTRIBUTIONS ****

TOTAL HOURS _____ X \$25.47	= \$ _____
WAGE REDUCTION OPTION AMT _____	\$ _____
D/C PENSION FUND OPTION AMOUNT _____	\$ _____
INSURANCE PLAN OPTION AMOUNT _____	\$ _____
TOTAL THIS REPORT	\$ _____

MAKE CHECK PAYABLE TO:

**LOCAL 98
PO BOX 675434
DETROIT, MI 48267-5434**

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ADMINISTRATIVE USE ONLY	EMPLOYER: _____	
DATE RECEIVED: _____	ADDRESS: _____	
DEPOSIT DATE: _____	CITY: _____ ST: _____ ZIP: _____	
CHECK NUMBER: _____	TELEPHONE: _____	CHECK BOX FOR MORE FORMS <input type="checkbox"/>
CHECK AMOUNT: _____		CHECK BOX IF FINAL REPORT <input type="checkbox"/>
ENTERED BY: _____	SIGNATURE: _____	DATE: _____

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EFF. Date: 6/1/2026