

# 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

LIGHT COMMERCIAL

SEC 165

MONTH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.

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 AS EXPLAINED IN THE LANGUAGE ABOVE. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	STRAIGHT TIME	OVERTIME	DOUBLE TIME	TOTAL HOURS WORKED (A)	TOTAL HOURS REPORTED	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
							STRAIGHT TIME (B)	RATE	AMOUNT (C)
<b>TOTAL</b>									

TOTAL HOURS (A) \_\_\_\_\_ X \$21.05 PER HOUR = \$ \_\_\_\_\_  
 WAGE REDUCTION (B) \_\_\_\_\_ HOURS      TOTAL (C) \$ \_\_\_\_\_  
 TOTAL THIS REPORT \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98  
 MAIL TO: PLUMBERS LOCAL 98  
 PO BOX 638043  
 CINCINNATI, OH 45263-8043

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.

<table style="width: 100%;"> <thead> <tr> <th colspan="2">FRINGE BENEFITS</th> </tr> </thead> <tbody> <tr><td>PENSION FUND</td><td style="text-align: right;">\$9.70</td></tr> <tr><td>DEF CONTRIB FUND</td><td style="text-align: right;">\$0.25</td></tr> <tr><td>INSURANCE FUND</td><td style="text-align: right;">\$8.06</td></tr> <tr><td>WORK DUES FUND</td><td style="text-align: right;">\$0.96</td></tr> <tr><td>GEN. DUES FUND</td><td style="text-align: right;">\$0.20</td></tr> <tr><td>SUB FUND</td><td style="text-align: right;">\$0.15</td></tr> <tr><td>TRAINING FUND</td><td style="text-align: right;">\$0.91</td></tr> <tr><td>INT'L TR FUND</td><td style="text-align: right;">\$0.05</td></tr> <tr><td>PIP EDU COUNCIL FUND</td><td style="text-align: right;">\$0.52</td></tr> <tr><td>IAR FUND</td><td style="text-align: right;">\$0.25</td></tr> <tr><td><b>TOTAL</b></td><td style="text-align: right;"><b>\$21.05</b></td></tr> </tbody> </table>	FRINGE BENEFITS		PENSION FUND	\$9.70	DEF CONTRIB FUND	\$0.25	INSURANCE FUND	\$8.06	WORK DUES FUND	\$0.96	GEN. DUES FUND	\$0.20	SUB FUND	\$0.15	TRAINING FUND	\$0.91	INT'L TR FUND	\$0.05	PIP EDU COUNCIL FUND	\$0.52	IAR FUND	\$0.25	<b>TOTAL</b>	<b>\$21.05</b>	<p>EMPLOYERS NOT PAYING THE <b>\$.52</b> TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE <b>\$.52</b> TO THE TRAINING FUND.          PLEASE CHECK HERE IF APPLICABLE: _____ <b>TRAINING FUND</b>          IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE <b>\$.52</b> DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.</p> <hr/> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">ADMINISTRATIVE USE ONLY</th> <th style="text-align: left; border-bottom: 1px solid black;">EMPLOYER:</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">DATE RECEIVED: _____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">DEPOSIT DATE: _____</td> <td style="border-bottom: 1px solid black;">ADDRESS: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CHECK NUMBER: _____</td> <td style="border-bottom: 1px solid black;">CITY: _____      ST: _____ ZIP: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CHECK AMOUNT: _____</td> <td style="border-bottom: 1px solid black;">TELEPHONE: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">ENTERED BY: _____</td> <td style="border-bottom: 1px solid black;">SIGNATURE: _____</td> </tr> <tr> <td> </td> <td style="text-align: right;">DATE: _____</td> </tr> </tbody> </table>	ADMINISTRATIVE USE ONLY	EMPLOYER:	DATE RECEIVED: _____	_____	DEPOSIT DATE: _____	ADDRESS: _____	CHECK NUMBER: _____	CITY: _____      ST: _____ ZIP: _____	CHECK AMOUNT: _____	TELEPHONE: _____	ENTERED BY: _____	SIGNATURE: _____		DATE: _____
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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.