

PIPEFITTERS LOCAL 636

PO BOX 278
TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

JOURNEYPERSON

SEC 110

MONTH: _____ FROM: _____ TO: _____

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 IN WHICH THE HOURS WERE WORKED. FOR WEEKLY EMPLOYERS FUNDS ARE DUE NO LATER THAN SEVEN (7) BUSINESS DAYS AFTER THE WEEK ENDING SUBMIT DATE. 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					

<p>TOTAL HOURS (A) _____ X \$33.73 PER HOUR = \$ _____</p> <p>WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____</p> <p style="text-align: right;">TOTAL THIS REPORT \$ _____</p>	<p>MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 PO BOX 638042 CINCINNATI, OH 45263-8042</p>
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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.

FRINGE BENEFITS	
PENSION FUND	\$13.80
INSURANCE FUND - ACTIVE	\$9.50
INSURANCE FUND - RETIREE	\$3.65
DUES FUND	\$1.51
DEFINED CONTRIB FUND	\$2.25
SUB FUND	\$0.70
P.I.E.T. FUND	\$0.80
RETIREE & WIDOW FUND	\$0.65
INT'L TRAINING FUND	\$0.10
PIPING ED COUNCIL FUND	\$0.52
IAR FUND	\$0.25
TOTAL	\$33.73

EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ **INSURANCE FUND**

IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND.

<p style="text-align: center;">ADMINISTRATIVE USE ONLY</p> <p>DATE RECEIVED: _____</p> <p>DEPOSIT DATE: _____</p> <p>CHECK NUMBER: _____</p> <p>CHECK AMOUNT: _____</p> <p>ENTERED BY: _____</p>	<p>EMPLOYER: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ ST: _____ ZIP: _____</p> <p>TELEPHONE: _____</p> <p>SIGNATURE: _____ DATE: _____</p>
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CHECK FOR MORE FORMS _____

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

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 PIPEFITTERS LOCAL 636 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 PIPEFITTERS LOCAL 636 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.

Revised Date: 06/04/18

PIPEFITTERS LOCAL 636

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TROY, MI 48099-0278

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EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

NEW SERVICE JOURNEYMAN

SEC 111

MONTH: _____ FROM: _____ TO: _____

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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 \$20.68 PER HOUR = \$ _____ WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____ TOTAL THIS REPORT \$ _____	MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 PO BOX 638042 CINCINNATI, OH 45263-8042
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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.

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

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PIPEFITTERS LOCAL 636

PO BOX 278
TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

GRADUATE SERVICE JOURNEYMAN I

SEC 109

MONTH: _____ FROM: _____ TO: _____

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 IN WHICH THE HOURS WERE WORKED. FOR WEEKLY EMPLOYERS FUNDS ARE DUE NO LATER THAN SEVEN (7) BUSINESS DAYS AFTER THE WEEK ENDING SUBMIT DATE. 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					

<p>TOTAL HOURS (A) _____ X \$20.68 PER HOUR = \$ _____</p> <p>WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____</p> <p style="text-align: center;">TOTAL THIS REPORT \$ _____</p>	<p style="text-align: center; font-size: small;">MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 PO BOX 638042 CINCINNATI, OH 45263-8042</p>
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FRINGE BENEFITS	
PENSION FUND	\$7.10
INSURANCE FUND - ACTIVE	\$9.50
INSURANCE FUND - RETIREE	\$0.00
DUES FUND	\$0.38
DEFINED CONTRIB FUND	\$2.25
SUB FUND	\$0.50
P.I.E.T. FUND	\$0.40
RETIREE & WIDOW FUND	\$0.10
INT'L TRAINING FUND	\$0.10
PIPING ED COUNCIL FUND	\$0.35
IAR FUND	\$0.00
TOTAL	\$20.68

EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ **INSURANCE FUND**

IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND.

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

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PIPEFITTERS LOCAL 636

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EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

GRADUATE SERVICE JOURNEYMAN II

SEC 109

MONTH: _____ FROM: _____ TO: _____

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TOTAL					

<p>TOTAL HOURS (A) _____ X \$20.68 PER HOUR = \$ _____</p> <p>WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____</p> <p style="text-align: right;">TOTAL THIS REPORT \$ _____</p>	<p>MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 PO BOX 638042 CINCINNATI, OH 45263-8042</p>
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FRINGE BENEFITS	AMOUNT	EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ INSURANCE FUND													
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PIPEFITTERS LOCAL 636

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TROY, MI 48099-0278

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TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

GRADUATE SERVICE JOURNEYMAN III

SEC 109

MONTH: _____ FROM: _____ TO: _____

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TELEPHONE: _____																																								
SIGNATURE: _____ DATE: _____																																								

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

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 PIPEFITTERS LOCAL 636 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 PIPEFITTERS LOCAL 636 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.

PIPEFITTERS LOCAL 636

PO BOX 278
TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

APPRENTICE 1ST-10TH

SEC 100

MONTH: _____ FROM: _____ TO: _____

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 IN WHICH THE HOURS WERE WORKED. FOR WEEKLY EMPLOYERS FUNDS ARE DUE NO LATER THAN SEVEN (7) BUSINESS DAYS AFTER THE WEEK ENDING SUBMIT DATE. 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 \$16.23 PER HOUR = \$ _____

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

TOTAL THIS REPORT \$ _____

MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636
MAIL TO: PIPEFITTERS LOCAL 636
PO BOX 638042
CINCINNATI, OH 45263-8042

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 FUND	\$7.10
INSURANCE FUND	\$6.50
DUES FUND	\$0.38
DEF. CONTRIB FUND	\$0.80
SUB FUND	\$0.50
P.I.E.T. FUND	\$0.40
RETIREE & WIDOW FUND	\$0.10
INT'L TRAINING FUND	\$0.10
PIPING ED COUNCIL FUND	\$0.35
TOTAL	\$16.23

EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ **INSURANCE FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.

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

CHECK FOR MORE FORMS _____

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

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 PIPEFITTERS LOCAL 636 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 PIPEFITTERS LOCAL 636 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.

PIPEFITTERS LOCAL 636

PO BOX 278
TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

PRE-APPRENTICE

SEC 199

MONTH: _____

FROM: _____

TO: _____

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 IN WHICH THE HOURS WERE WORKED. FOR **WEEKLY EMPLOYERS FUNDS ARE DUE NO LATER THAN SEVEN (7) BUSINESS DAYS** AFTER THE WEEK ENDING SUBMIT DATE. 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 \$7.99 PER HOUR	= \$ _____
WAGE REDUCTION (B) _____	HOURS	TOTAL (C) \$ _____
		* TOTAL THIS REPORT \$ _____

MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636
MAIL TO: PIPEFITTERS LOCAL 636
PO BOX 638042
CINCINNATI, OH 45263-8042

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	
INSURANCE FUND	\$6.50
DUES FUND	\$0.54
DEF. CONTRIB FUND. *	\$0.50
INT'L TRAINING FUND	\$0.10
PIPING ED COUNCIL FUND	\$0.35
TOTAL	\$7.99*

* DURING THE INITIAL PROBATIONARY PERIOD OF 90 DAYS, DEFINED CONTRIBUTION (DC) IS NOT PAID. AFTER PROBATIONARY PERIOD ENDS, CONTRIBUTIONS TO THE DC BEGINS.

EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ **INSURANCE FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.

ADMINISTRATIVE USE ONLY
DATE RECEIVED: _____
DEPOSIT DATE: _____
CHECK NUMBER: _____
CHECK AMOUNT: _____
ENTERED BY: _____

EMPLOYER: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
TELEPHONE: _____
SIGNATURE: _____ DATE: _____

CHECK FOR MORE FORMS _____

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

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PIPEFITTERS LOCAL 636

PO BOX 278
TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

MECHANICAL EQUIPMENT SERVICEMAN

SEC 140

MONTH: _____ FROM: _____ TO: _____

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 IN WHICH THE HOURS WERE WORKED. FOR **WEEKLY** EMPLOYERS FUNDS ARE DUE NO LATER THAN **SEVEN (7) BUSINESS DAYS** AFTER THE WEEK ENDING SUBMIT DATE. 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 \$12.83 PER HOUR = \$ _____	MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636
WAGE REDUCTION (B) _____ HOURS	MAIL TO: PIPEFITTERS LOCAL 636
TOTAL (C) \$ _____	PO BOX 638042
TOTAL THIS REPORT \$ _____	CINCINNATI, OH 45263-8042

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	
INSURANCE FUND	\$7.73
DUES FUND	\$0.78
DEF. CONTRIB FUND	\$2.20
SUB FUND	\$1.00
P.I.E.T.FUND	\$0.40
INT'L TRAINING FUND	\$0.10
PIPING ED COUNCIL FUND	\$0.52
I.A.R.F FUND	\$0.10
TOTAL	\$12.83

EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ **INSURANCE FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.

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

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

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 PIPEFITTERS LOCAL 636 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 PIPEFITTERS LOCAL 636 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.

PIPEFITTERS LOCAL 636

PO BOX 278
TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

MECHANICAL/MAINTENANCE TRADESMAN

SEC 130

MONTH: _____ FROM: _____ TO: _____

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 IN WHICH THE HOURS WERE WORKED. FOR WEEKLY EMPLOYERS FUNDS ARE DUE NO LATER THAN SEVEN (7) BUSINESS DAYS AFTER THE WEEK ENDING SUBMIT DATE. 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					

<p>TOTAL HOURS (A) _____ X \$8.48 PER HOUR = \$ _____</p> <p>WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____</p> <p style="text-align: right;">TOTAL THIS REPORT \$ _____</p>	<p>MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 PO BOX 638042 CINCINNATI, OH 45263-8042</p>
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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.

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">FRINGE BENEFITS</th> </tr> </thead> <tbody> <tr><td>INSURANCE FUND</td><td style="text-align: right;">\$5.60</td></tr> <tr><td>DUES FUND</td><td style="text-align: right;">\$0.78</td></tr> <tr><td>DEF. CONTRIB FUND</td><td style="text-align: right;">\$1.00</td></tr> <tr><td>P.I.E.T.FUND</td><td style="text-align: right;">\$0.50</td></tr> <tr><td>INT'L TRAINING FUND</td><td style="text-align: right;">\$0.10</td></tr> <tr><td>PIPING ED COUNCIL FUND</td><td style="text-align: right;">\$0.40</td></tr> <tr><td>IAR FUND</td><td style="text-align: right;">\$0.10</td></tr> <tr> <td>TOTAL</td> <td style="text-align: right;">\$8.48</td> </tr> </tbody> </table>	FRINGE BENEFITS		INSURANCE FUND	\$5.60	DUES FUND	\$0.78	DEF. CONTRIB FUND	\$1.00	P.I.E.T.FUND	\$0.50	INT'L TRAINING FUND	\$0.10	PIPING ED COUNCIL FUND	\$0.40	IAR FUND	\$0.10	TOTAL	\$8.48	<p style="font-size: x-small;">EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ INSURANCE FUND</p> <p style="font-size: x-small;">IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">ADMINISTRATIVE USE ONLY</th> <th style="width: 50%;">EMPLOYER:</th> </tr> </thead> <tbody> <tr> <td>DATE RECEIVED: _____</td> <td>_____</td> </tr> <tr> <td>DEPOSIT DATE: _____</td> <td>ADDRESS: _____</td> </tr> <tr> <td>CHECK NUMBER: _____</td> <td>CITY: _____ ST: _____ ZIP: _____</td> </tr> <tr> <td>CHECK AMOUNT: _____</td> <td>TELEPHONE: _____</td> </tr> <tr> <td>ENTERED BY: _____</td> <td>SIGNATURE: _____ DATE: _____</td> </tr> </tbody> </table> <div style="text-align: right; margin-top: 10px;"> <table border="1" style="border: 1px solid black; padding: 2px;"> <tr> <td style="font-size: x-small;">CHECK FOR MORE FORMS</td> <td style="width: 20px; text-align: center;">_____</td> </tr> </table> </div>	ADMINISTRATIVE USE ONLY	EMPLOYER:	DATE RECEIVED: _____	_____	DEPOSIT DATE: _____	ADDRESS: _____	CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____	CHECK AMOUNT: _____	TELEPHONE: _____	ENTERED BY: _____	SIGNATURE: _____ DATE: _____	CHECK FOR MORE FORMS	_____
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ENTERED BY: _____	SIGNATURE: _____ DATE: _____																																
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SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE

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PIPEFITTERS LOCAL 636

PO BOX 278
TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

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

WORKING PRINCIPAL

Month: _____ From: _____ To: _____

SEC 170

****THESE CONTRIBUTIONS SHALL BE MADE FOR ALL HOURS WORKED UNDER THIS AGREEMENT, AND IN NO CASE FOR LESS THAN THIRTY-TWO (32) HOURS A WEEK WITH THE EXCEPTION THAT THE WORKING PRINCIPAL SHALL NOT BE REQUIRED TO MAKE CONTRIBUTIONS FOR ANY WEEK DURING WHICH HE DID NOT PERSONALLY PERFORM ANY BARGAINING UNIT WORK, UP TO A MAXIMUM OF FOUR (4) WEEKS PER CONTRACT YEAR (JUNE 1 – MAY 31), PROVIDED THAT HE HAS SUBMITTED EVIDENCE IN SUPPORT OF SUCH CLAIM TO BOTH THE UNION AND THE TRUSTEES OF THE APPLICABLE FUNDS, AND FURTHER PROVIDED THAT THE EVIDENCE SUBMITTED IS DEEMED BY BOTH THE UNION AND THE TRUSTEES IN THEIR SOLE DISCRETION TO BE SATISFACTORY TO SUPPORT THE WORKING PRINCIPAL'S CLAIM THAT BARGAINING UNIT WORK WAS NOT PERFORMED DURING THE WEEK(S) IN QUESTION. ONLY ONE WORKING PRINCIPAL PER FORM.**

THIS FORM IS NOT TO BE USED FOR SALESMEN, ESTIMATORS, SUPERINTENDENTS AND OTHER SUCH SALARIED PERSONNEL.

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 \$13.80	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	TOTAL HOURS WORKED X RATE = AMOUNT
DUES FUND \$1.51			INSURANCE RATE = \$13.15 PER HOUR
P.I.E.T.FUND \$0.80			HOURS _____ RATE _____ \$13.15
INT'L TRAINING FUND \$0.10			
PIPING ED COUNCIL FUND \$0.52			
I.A.R.FUND \$0.25			
TOTAL \$16.98	\$ _____ ENTER AMOUNT	\$ _____ ENTER AMOUNT	\$ _____ ENTER AMOUNT

**** SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS ****

TOTAL HOURS _____ X \$ 16.98 PER HOUR = \$ _____ WAGE REDUCTION OPTION AMT \$ _____ D/C PENSION FUND OPTION AMOUNT \$ _____ INSURANCE PLAN OPTION AMOUNT \$ _____ TOTAL THIS REPORT \$ _____	MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 P.O. BOX 638042 CINCINNATI, OH 45263-8042
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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	EMPLOYER:
DATE RECEIVED: _____	_____
DEPOSIT DATE: _____	ADDRESS: _____
CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____
CHECK AMOUNT: _____	TELEPHONE: _____
ENTERED BY: _____	CHECK BOX FOR MORE FORMS <input type="checkbox"/> CHECK BOX IF FINAL REPORT <input type="checkbox"/>
	SIGNATURE: _____ DATE: _____

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 CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT FOR THOSE WORKING PRINCIPLES EMPLOYED OR WORKING FOR THE EMPLOYER UNDER THE TERMS OF THE COLLECTIVE BARGAINING AGREEMENT. BY FILING THIS REPORT, THE UNDERSIGNED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN PIPEFITTERS LOCAL 636 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

OPTIONAL CONTRIBUTIONS:

PIPEFITTERS LOCAL 636 INSURANCE FUND

- ◆ EFFECTIVE 07/31/2006, PARTICIPATION IN THE INSURANCE FUND IS OPTIONAL FOR WORKING PRINCIPALS. YOU WILL BE PROVIDED AN OPPORTUNITY ONCE A YEAR DURING OPEN ENROLLMENT, PURSUANT TO THE TERMS OF THE INSURANCE FUND PLAN DOCUMENT, TO PARTICIPATE IN THIS FUND.

** IF YOU CHOOSE TO PARTICIPATE, CONTRIBUTIONS MUST BE MADE ACCORDING TO THE RULES SPECIFIED ON THE FRONT OF THIS FORM. THE CURRENT INSURANCE FUND RATE IS \$13.15 PER HOUR.

PIPEFITTERS LOCAL 636 DEFINED CONTRIBUTION PENSION PLAN (D/C PLAN)

- ◆ EFFECTIVE 7/31/2007, PARTICIPATION IN THE DEFINED CONTRIBUTION FUND IS OPTIONAL.

IF YOU CHOOSE TO PARTICIPATE, CONTRIBUTIONS MUST BE MADE ACCORDING TO THE RULES SPECIFIED.

▪ For Participants under age 50, the wage deferral limit imposed by the IRS for 2018 is \$18,500. For Participants age 50 and over, the IRS allows additional catch-up contributions of \$6,000 (\$24,500 total for 2018).

THE LIMITS ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS TO CORRESPOND TO THE IRS LIMITS ISSUED EACH YEAR.

PLEASE BE ADVISED THAT THERE ARE LIMITS ON TAX DEDUCTIBILITY OF CONTRIBUTIONS MADE TO PENSION FUNDS. THE FUND HAS NO RESPONSIBILITY OR LIABILITY FOR DETERMINING THE DEDUCTIBILITY OF CONTRIBUTIONS, OR ANY TAX CONSEQUENCES OF PARTICIPATING IN THIS FUND. YOU SHOULD CONSULT WITH YOUR ATTORNEY OR TAX CONSULTANT BEFORE MAKING A DECISION TO PARTICIPATE.

***** REVERSE SIDE OF WORKING PRINCIPALS CONTRIBUTION REPORT *****