

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					

<table style="width: 100%;"> <tr> <td style="width: 10%;">TOTAL HOURS (A)</td> <td style="width: 10%; text-align: center;">_____ X</td> <td style="width: 20%;">\$12.83 PER HOUR</td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 5%;">\$ _____</td> </tr> <tr> <td>WAGE REDUCTION (B)</td> <td style="text-align: center;">_____ HOURS</td> <td>TOTAL (C) \$ _____</td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">TOTAL THIS REPORT \$ _____</td> </tr> </table>	TOTAL HOURS (A)	_____ X	\$12.83 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
TOTAL HOURS (A)	_____ X	\$12.83 PER HOUR	=	\$ _____												
WAGE REDUCTION (B)	_____ HOURS	TOTAL (C) \$ _____														
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.

<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="border-bottom: 1px solid black;">FRINGE BENEFITS</th> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURANCE FUND</td> <td style="border-bottom: 1px solid black; text-align: right;">\$7.73</td> </tr> <tr> <td style="border-bottom: 1px solid black;">DUES FUND</td> <td style="border-bottom: 1px solid black; text-align: right;">\$0.78</td> </tr> <tr> <td style="border-bottom: 1px solid black;">DEF. CONTRIB FUND</td> <td style="border-bottom: 1px solid black; text-align: right;">\$2.20</td> </tr> <tr> <td style="border-bottom: 1px solid black;">SUB FUND</td> <td style="border-bottom: 1px solid black; text-align: right;">\$1.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">P.I.E.T.FUND</td> <td style="border-bottom: 1px solid black; text-align: right;">\$0.40</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INT'L TRAINING FUND</td> <td style="border-bottom: 1px solid black; text-align: right;">\$0.10</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PIPING ED COUNCIL FUND</td> <td style="border-bottom: 1px solid black; text-align: right;">\$0.52</td> </tr> <tr> <td style="border-bottom: 1px solid black;">I.A.R.F FUND</td> <td style="border-bottom: 1px solid black; text-align: right;">\$0.10</td> </tr> <tr> <td style="border-bottom: 1px solid black;">TOTAL</td> <td style="border-bottom: 1px solid black; text-align: right;">\$12.83</td> </tr> </table>	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.	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="border-bottom: 1px solid black;">ADMINISTRATIVE USE ONLY</th> <td style="border-bottom: 1px solid black;">EMPLOYER: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">DATE RECEIVED: _____</td> <td style="border-bottom: 1px solid black;">ADDRESS: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">DEPOSIT DATE: _____</td> <td style="border-bottom: 1px solid black;">CITY: _____ ST: _____ ZIP: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CHECK NUMBER: _____</td> <td style="border-bottom: 1px solid black;">TELEPHONE: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CHECK AMOUNT: _____</td> <td style="border-bottom: 1px solid black;">SIGNATURE: _____ DATE: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">ENTERED BY: _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> <div style="text-align: right; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> CHECK FOR MORE FORMS _____ </div> </div>	ADMINISTRATIVE USE ONLY	EMPLOYER: _____	DATE RECEIVED: _____	ADDRESS: _____	DEPOSIT DATE: _____	CITY: _____ ST: _____ ZIP: _____	CHECK NUMBER: _____	TELEPHONE: _____	CHECK AMOUNT: _____	SIGNATURE: _____ DATE: _____	ENTERED BY: _____	
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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.