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

SEC 110

MONTH:		FROM:		то: -						
		RECEIVED BY THE PLUMBERS LOO BASED ON ALL ACTUAL HOURS WC	RKED. WAGE							
								s	TRAIGHT TIN	DUCTION PLAN IE NOT TO EXCEED RS PER WEEK
SOCIAL SECURITY NUMBER		EMPLOYEE NAME	Straight Time	Over Time	Double Time	Total Hours Worked (A)	Total Hours Reported	Straight Time (B)	Rate	AMOUNT (C)
						-				
		τοτα	Ъ							
TOTAL HOURS (A)		X \$34.13 \$			MAK	E CHECK	PAYABLE	TO: PLUM	BERS LO	OCAL 98
						MAII	TO: PLUM	/IBERS LC X 638043	OCAL 98	
WAGE REDUCTION (B)		HOURS TOTAL (C) \$				CI	NCINNATI,		3-8043	
		TOTAL THIS REPORT \$								
SPECIAL NOTE: FAILURE TO FILE THIS RI THE LIQUIDATED DAMAGES CHARGE IS 1				IQUIDATED DAI	MAGES CHAI	RGE WHICH W	ILL BE ADDED	TO THE REM	TTANCE AMC	UNT.
FRINGE BENEFITS		EMPLOYERS NOT PAYING THE \$.52 TO		CATIONAL COU	INCIL FUND I	MUST ALLOCA	TE THE <u>\$.52</u> TO	THE TRAINI	NG FUND.	
PENSION FUND	\$17.90	PLEASE CHECK HERE IF APPLICABLE: IF THIS INFORMATION IS NOT COMPLET				E \$.52 DIRECTL	Y TO THE PIPI	NG EDUCATIO	ONAL COUNC	L.
INSURANCE FUND DEF CONTRIB FUND	\$10.00 \$0.90		,			<u></u>				
WORK DUES FUND	\$1.78									
GEN. DUES FUND	\$0.25									
SUB FUND	\$0.69	ADMINISTRATIVE USE ONLY	EMPLOYER	र:						
SUB FUND-INDIVIDUAL TRAINING FUND	\$0.10 \$1.44	DATE RECEIVED:	_							
INT'L TR FUND	\$0.10		ADDRESS:							
PIP EDU COUNCIL FUND	\$0.52	DEPOSIT DATE:	CITY:							ST: ZIP:
	\$0.45	CHECK NUMBER:								
TOTAL	\$34.13	CHECK AMOUNT:	TELEPHON	IE:						CHECK FOR MORE FORMS
		ENTERED BY:								DATE:
	BY FILING TH	FORMATION CONTAINED IN THIS REPORT HIS REPORT, THE ABOVE NAMED EMPLOY	IS A FULL AND A ER AGREES TO E	CCURATE STA BE BOUND BY A	TEMENT OF A	ALL EMPLOYER MS OF THE CL	ES WORKING F IRRENT COLLE	CTIVE BARG	AINING AGRE	EMENT BETWEEN THE
PLUMBERS LOCAL 98 AND THE MECHANI THE FRINGE BENEFIT FUND CONTRIBUTI		RACTORS ASSOCIATION OF DETROIT, INC.	, AND TO ALL TH	E TERMS OF T	HE TRUST A	GREEMENTS (OF THESE FUN	DS. SPECIFIC	ALLY INCLUD	ING PROVISIONS RELATING TO
Rev Date: 06/17/2019										

PLUMBERS	LOCAL 98
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TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

	-	CE REPAI	-	ENTIAL						SEC 160
	EROM: AND REPAIR - CONTRIBUTIONS T SUCH WORK IS PERFORMED AT TI ARE OWED ON HOURS	HE STRAIC	ЭНТ ТІМЕ	OR OVE	RTIME R	ATE. NO				
	MUST BE RECEIVED BY THE PLUMBERS LOC ITTANCE IS BASED ON THE TYPE OF WORK A HOURS N		IN THE LANG	GUAGE AB	OVE. WAGE					
					Total		5	WAGE RED STRAIGHT TIM 40 HOUR		EXCEED
SOCIAL SECURITY NUMBER		Straight Time	Over Time	Double Time	Hours Worked (A)	Total Hours Reported	Straight Time (B)	Rate	А	MOUNT (C)
	ΤΟΤΑ	L								
TOTAL HOURS (A)	X \$22.45 \$			MAKE	CHECK P	AYABLE	TO: PLU	MBERS L	OCAL	98
WAGE REDUCTION (B)	HOURS TOTAL (C) \$					TO: PLUN PO BO CINNATI,	X 638043	3		
	TOTAL THIS REPORT \$					onnan,	011 4020	5-0045		
	EPORT ON TIME OR CALCULATED INCORRECTLY WILL F 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAM		JIDATED DAMA	GES CHARGE	WHICH WILL	BE ADDED TO	THE REMITTAN	NCE AMOUNT.		
FRINGE BENEFITS PENSION FUND \$10.70 DEF CONTRIB FUND \$0.25	IF THIS INFORMATION IS NOT COMPLETE	TF	RAINING FL	JND						
INSURANCE FUND \$8.06 WORK DUES FUND \$1.16										
GEN. DUES FUND \$0.20		EMPLOYE	۲ .							
SUB FUND \$0.15 TRAINING FUND \$0.97	DATE RECEIVED.	ADDRESS:								
INT'L TR FUND \$0.05 PIP EDU COUNCIL FUND \$0.52	DEPUSIT DATE.	CITY:							ет.	ZIP:
IAR FUND \$0.45		_								
TOTAL \$22.45	51 CHECK AMOUNT:	TELEPHON	IE:							CHECK FOR MORE FORMS
	ENTERED BY:	SIGNATUR	E:						DATE:	
	SUBMISSIONS OF CONTRIBUTI HAT THE INFORMATION CONTAINED IN THIS REPORT IS									
LOCAL 98 FOR THE PERIOD INDICATED. E	HAT THE INFORMATION CONTAINED IN THIS REPORT IS BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYEF ACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL T	R AGREES TO BE	BOUND BY AL	L THE TERMS	OF THE CUR	RENT COLLECT	IVE BARGAIN	ING AGREEMEI	NT BETWE	EEN THE PLUMBERS
Rev Date: 06/17/2019										

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

M	ONTH:	FROM:	GHT CON	TO:	۹L					SEC 165	
		- CONTRIBUTIONS TO FRINGE		FUNDS S		e paid i	For <u>All</u>	HOURS V	WORKED (DN LIGHT	
		BE RECEIVED BY THE PLUMBERS LOCA E IS BASED ON THE TYPE OF WORK AS HOURS NO		IN THE LANC	GUAGE ABC	VE. WAGE					
						TOTAL	TOTAL	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK			
SOCIAL SECURITY NU	MBER	EMPLOYEE NAME	STRAIGHT TIME	OVER TIME	DOUBLE TIME	HOURS WORKED (A)	TOTAL HOURS REPORTED	STRAIGHT TIME (B)	RATE	AMOUNT (C)	
		ΤΟΤΑΙ	_								
OTAL HOURS (A)		X \$22.45 PER HOUR = \$			MAKE				MBERS LO	DCAL 98	
AGE REDUCTION (B)		HOURS TOTAL (C) \$					TO: PLUN PO BO CINNATI,	X 638043	3		
		TOTAL THIS REPORT \$,				
		ON TIME OR CALCULATED INCORRECTLY WILL RI THE REMITTANCE AMOUNT BUT NOT LESS THAN		IDATED DAMAG	GES CHARGE	WHICH WILL	BE ADDED TO	THE REMITTAN	ICE AMOUNT.		
FRINGE BENEFITS PENSION FUND DEF CONTRIB FUND NSURANCE FUND	\$10.70 \$0.25 \$8.06	EMPLOYERS NOT PAYING THE <u>\$.52</u> TO TH PLEASE CHECK HERE IF APPLICABLE: IF THIS INFORMATION IS NOT COMPLETED	TR	AINING FU	IND						
ORK DUES FUND	\$8.00 \$1.16										
EN. DUES FUND	\$0.20	ADMINISTRATIVE USE ONLY	EMPLOYER	R:							
UB FUND RAINING FUND	\$0.15 \$0.91	DATE RECEIVED:	-								
IT'L TR FUND	\$0.05	DEPOSIT DATE:	ADDRESS:								
IP EDU COUNCIL FUND	\$0.52		CITY:						S	T:ZIP:	
R FUND OTAL	\$0.45 \$22.45	CHECK NUMBER:	TELEPHON	E:						CHECK FOR	
		CHECK AMOUNT:								MORE FORMS	
					MUCT 5- 1				D	ATE:	
A SIGNING THIS FORM YOU O		SUBMISSIONS OF CONTRIBUTION INFORMATION CONTAINED IN THIS REPORT IS A									

Rev Date: 06/17/2019

		PL	UMBERS I	-	AL 9	8						
			TROY, MI 480		9							
		PHONE: (248) 641				: (866) 646-	8919				
		EMPLOYER'S R					·					
	1ST	YEAR APPRENTI	CE (Consists of	1st and	d 2nd	Acade	mic P	eriods)				SEC 102
MONT	Ή:		FROM:		TO:							
LIGHT COMMERC RESIDENTIAL, SER WORKED EACH WEE	<u>/ICE AND R</u> K WHETHE		COMMERCIAL TIONS TO FRING ERFORMED AT T	L WORK E BENE HE STR	ά. FIT FU AIGHT	NDS S	HALL OR OV	BE PAIL	FOR T	THE FI	RST 4	0 HOURS
THIS REPORT WITH PAYMENT		EIVED BY THE PLUMBERS RE WORKED. REMITTANC								VING THE	EMONTI	H IN WHICH THE
							Total Hours	Total	s	TRAIGHT		ON PLAN TO EXCEED WEEK
SOCIAL SECURITY NUMBE	R	EMPLOYEE N/		Straight Time	Over Time	Double Time	Worked (A)	Hours Reported	Straight Time (B)	Rate		MOUNT (C)
						-				-		
			TOTAL	-								
TOTAL HOURS (A)		X \$9.68	\$			МА		CK PAYAB				98
WAGE REDUCTION (B)		HOURS	TOTAL (C) \$				M		BOX 6380	043		
		TOTAL THI	S REPORT \$					CINCINNA	11, OH 4:	5263-804.	5	
SPECIAL NOTE: FAILURE TO FILE THIS THE LIQUIDATED DAMAGES CHARGE IS				ated Dama	GES CHAR	GE WHICH	WILL BE /	ADDED TO TH	IE REMITTA	ANCE AMO	UNT.	
FRINGE BENEFITS	_	PLEASE CHECK HERE IF	G THE \$.50 TO THE PIPING E APPLICABLE: NOT COMPLETED, THE FUN	TRAINI	NG FUN	D			_			
	2.83											
	5.50			-								
	0.10	ADMINISTRA	TIVE USE ONLY	EMPLOY	'ER:							
	0.65 0.05	DATE RECEIVED:		ADDRES	s.							
	0.05	DEPOSIT DATE:										
IAR FUND \$	0.50 0.00	CHECK NUMBER:		СІТҮ:							ST:	_ZIP:
TOTAL \$	9.68	CHECK AMOUNT:		TELEPH	ONE:							CHECK FOR MORE FORMS
		ENTERED BY:		SIGNATI	JRE:						DATE:	
		SUBMISSIONS OF CONTR	RIBUTIONS ON AN ALTERNA			PPROVED	BY THE JA	AC			•	
BY SIGNING THIS FORM, YOU CERTIFY LOCAL 98 FOR THE PERIOD INDICATED												
PLUMBERS LOCAL 98 AND THE MECHA THE FRINGE BENEFIT FUND CONTRIBU		ORS ASSOCIATION OF DETROI	Γ, INC., AND TO ALL THE TER	RMS OF THE	TRUST AG	REEMENT	S OF THE	SE FUNDS. S	PECIFICALI	LY INCLUD	ING PROV	ISIONS RELATING

Rev Date: 06/17/2019

PL	UN.	IBE	RS	LO	CAL	. 98
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TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

TO:

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

2ND YEAR APPRENTICE (Consists of 3rd and 4th Academic Periods)

FROM: -

MONTH:

SEC 103

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 AS EXPLAINED IN THE LANGUAGE ABOVE.

					Total Hours	Total Hours		STRAIGHT		ON PLAN TO EXCEED
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time		Hours Reporte d	Straight Time (B)	Rate		MOUNT (C)
		Time	Time	THIE	(A)	u	Time (B)	Kale		
	т	OTAL								
FOTAL HOURS (A)	X \$11.65 \$			МΔ	CHEC				RS LOCA	VI 98
						AIL TO: P	LUMBEF	S LOCA		
WAGE REDUCTION (B)	HOURS TOTAL (C) \$					PO CINCINN/	BOX 63		43	
	TOTAL THIS REPORT \$, -			
	TIME OR CALCULATED INCORRECTLY WILL RESULT I		AGES CH	ARGE WHI	CH WILL B	e added t	O THE RE	MITTANCE	AMOUNT.	
THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE	E REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.									
	EMPLOYERS NOT PAYING THE \$.50 TO THE PLEASE CHECK HERE IF APPLICABLE:				JST ALLOO	ATE THE \$	5.50 TO TH	E TRAININ	G FUND.	
FRINGE BENEFITS	IF THIS INFORMATION IS NOT COMPLETED,				.50 DIREC	TLY TO TH	e Piping B	DUCATIO	NAL COUN	CIL.
PENSION FUND \$4.50										
NSURANCE FUND \$5.75										
SUB FUND \$0.10	ADMINISTRATIVE USE ONLY	EMPLO	/FR·							
WORKING DUES FUND \$0.65	DATE RECEIVED:									
TRAINING FUND \$0.10		ADDRES	S:							
INT'L TR FUND \$0.05	DEPOSIT DATE:									
PIP EDU COUNCIL FUND \$0.50 IAR FUND \$0.00		CITY:							ST:	_ZIP:
TOTAL \$11.65	CHECK NUMBER:								1	
· · · · · · · · · · · · · · · · · · ·		TELEPH	ONE:							CHECK FOR MORE FORMS
	ENTERED BY:	SIGNAT	JRE:						DATE:	
	SUBMISSIONS OF CONTRIBUTIONS ON AN A									
	FORMATION CONTAINED IN THIS REPORT IS A FULL A BY FILING THIS REPORT, THE ABOVE NAMED EMPLO									
	ANICAL CONTRACTORS ASSOCIATION OF DETROIT,									
Rev Date: 06/17/2019										

PLUMBERS	LOCAL	98
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TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

3RD YEAR APPRENTICE (Consists of 5th and 6th Academic Periods)

SEC 104

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• •		_

MON

FROM: _____

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR <u>ALL</u> HOURS WORKED ON LIGHT COMMERCIAL WORK. RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS

TO:

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 AS EXPLAINED IN THE LANGUAGE ABOVE.

						Total Hours		s	TRAIGHT	REDUCTION PLAN TIME NOT TO EXCEED DURS PER WEEK	
SOCIAL SECURITY NUMBER		EMPLOYEE	NAME	Straight Time	Over Time	Double Time		Total Hours Reported	Straight Time (B)	Rate	AMOUNT (C)
		-									
			TOTAL								
TOTAL HOURS (A)		X \$11.70	\$			MAH	E CHEC	K PAYAE	BLE TO: F	LUMBE	RS LOCAL 98
WAGE REDUCTION (B)		HOURS	TOTAL (C) \$				MA		LUMBER BOX 638		L 98
			THIS REPORT \$				(ATI, OH 4		43
SPECIAL NOTE: FAILURE TO FILE THIS REPORT O				TED DAMAG	SES CHARC	GE WHICH	WILL BE A	DDED TO	THE REMIT	TANCE AM	IOUNT.
THE LIQUIDATED DAMAGES CHARGE IS 10 % OF 1	r										
			YING THE \$.50 TO THE PIPING E E IF APPLICABLE:	TRAININ TRAININ			IST ALLOC	ATE THE \$	50 TO THE	ETRAINING	G FUND.
FRINGE BENEFITS		IF THIS INFORMATION	IS NOT COMPLETED, THE FUN	D OFFICE W	ILL ALLOC	ATE THE \$.50 DIREC	TLY TO TH	e piping e	DUCATION	NAL COUNCIL.
PENSION FUND \$4.50											
INSURANCE FUND \$5.80				1							
SUB FUND \$0.10	-	ADMINIST	RATIVE USE ONLY	EMPLOY	ER:						
WORKING DUES FUND \$0.65 TRAINING FUND \$0.10		DATE RECEIVED:		-							
INT'L TR FUND \$0.05				ADDRES	s:						
PIP EDU COUNCIL FUND \$0.50		DEPOSIT DATE:		CITY.							6T. 7ID.
IAR FUND \$0.00		CHECK NUMBER:		CITY:							ST:ZIP:
TOTAL \$11.70		ONEON NOMBER		TELEPH	ONE:						CHECK FOR
		CHECK AMOUNT:		-							MORE FORMS
		ENTERED BY:		SIGNATI	IRF						DATE:
	S	UBMISSIONS OF CON	TRIBUTIONS ON AN ALTERNAT			PROVED B	Y THE JAC				
BY SIGNING THIS FORM, YOU CERTIFY THAT THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATE BETWEEN THE PLUMBERS LOCAL 98 AND THE ME	ed. By filing t Echanical co	THIS REPORT, THE AB	OVE NAMED EMPLOYER AGREE	S TO BE BO	UND BY A	LL THE TE	RMS OF TH	HE CURRE	NT COLLE	CTIVE BAR	GAINING AGREEMENT
PROVISIONS RELATING TO THE FRINGE BENEFIT	FUND CONTR	IBUTIONS.									
Rev Date: 06/17/2019											

	PLUMBERS			2					
		-	\L 90						
	TROY, MI 4		9						
	PHONE: (248) 641-4988			(866)	646-8	919			
	EMPLOYER'S REPORT OF HO								
	R APPRENTICE (Consists of 7th	and 8th	Acado	mic P	arioda	:)			SEC 105
	FROM:					, ,			
	ITRIBUTIONS TO FRINGE BENEFIT					ALL HO	OURS	WORK	ED ON LIGHT
	<u>REPAIR</u> - CONTRIBUTIONS TO FRIN ER SUCH WORK IS PERFORMED AT								
	BUTIONS ARE OWED ON HOURS W								I KINGE DENEI II
	CEIVED BY THE PLUMBERS LOCAL 98 TRUST F		ΕΡ ΤΗΔΝ						
	RE WORKED. REMITTANCE IS BASED ON THE T								
			1		1		1	WAGE	REDUCTION PLAN
					Total		:	STRAIGHT	TIME NOT TO EXCEED
		Straight	Over	Double	Hours Worked		Straight		OURS PER WEEK
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Time	Time	Time	(A)		Time (B)		AMOUNT (C)
	то	TAL							
TOTAL HOURS (A)	X \$11.75 \$			MAL					RS LOCAL 98
				WIA		AIL TO: F	LUMBER	RS LOCA	
WAGE REDUCTION (B)	HOURS TOTAL (C) \$				(PC CINCINN) BOX 63 ATI, OH		43
	TOTAL THIS REPORT \$								
SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TI THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE F	ME OR CALCULATED INCORRECTLY WILL RESULT IN A LIC REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.	QUIDATED DAMAG	GES CHARO	GE WHICH	WILL BE A	ADDED TO	THE REMI	ITANCE AI	MOUNT.
	EMPLOYERS NOT PAYING THE \$.50 TO THE PIP	ING EDUCATION	AL COUNCIL	L FUND MU	JST ALLOC	CATE THE S	\$.50 TO TH	E TRAININ	G FUND.
FRINGE BENEFITS	PLEASE CHECK HERE IF APPLICABLE:	TRAINII			.50 DIREC	TLY TO TH	IE PIPING I	EDUCATIO	NAL COUNCIL.
PENSION FUND \$4.50									
INSURANCE FUND \$5.85									
SUB FUND \$0.10	ADMINISTRATIVE USE ONLY	EMPLO	/ER:						
WORKING DUES FUND \$0.65 TRAINING FUND \$0.10	DATE RECEIVED:								
INT'L TR FUND \$0.05	DEPOSIT DATE:	ADDRES	SS:						
PIP EDU COUNCIL FUND \$0.50		CITY:							ST:ZIP:
IAR FUND \$0.00	CHECK NUMBER:								
TOTAL \$11.75		TELEPH	ONE:						CHECK FOR MORE FORMS
	ENTERED BY:				V T				DATE:

Effective Date: 06/17/2019

		BOX 159 48099-0159							
	PHONE: (248) 641-4988			(866)	646-8	919			
	EMPLOYER'S REPORT OF								
5TH YEA	AR APPRENTICE (Consists of 9	th and 10th	Acade	mic P	eriod	s)			SEC 10
MONTH:						-1			
LIGHT COMMERCIAL - CO	NTRIBUTIONS TO FRINGE BENEFI	T FUNDS SH	ALL BE		FOR	ALL HO		NORK	ED ON LIGHT
WORKED EACH WEEK WHETH	COMMER <u>REPAIR</u> - CONTRIBUTIONS TO FR ER SUCH WORK IS PERFORMED RIBUTIONS ARE OWED ON HOURS	AT THE STRA	IT FUN	гіме с	or ove	ERTIM	E RATE		
THIS REPORT WITH PAYMENT MUST BE RE	CEIVED BY THE PLUMBERS LOCAL 98 TRUST FRE WORKED. REMITTANCE IS BASED ON TH	FUNDS NO LATE	ER THAN	THE 15t	h OF TH	E MONT	h follo'		HE MONTH IN WHICH
					Total Hours	Total	5	TRAIGHT	REDUCTION PLAN TIME NOT TO EXCEED DURS PER WEEK
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time	Worked (A)	Hours Reported	Straight Time (B)	Rate	AMOUNT (C)
OTAL HOURS (A)				MAL					RS LOCAL 98
AGE REDUCTION (B)	HOURS TOTAL (C) \$ TOTAL THIS REPORT \$				M	AIL TO: F PC	DEL TO: T LUMBER BOX 638 ATI, OH 4	S LOCA 3043	L 98
	TIME OR CALCULATED INCORRECTLY WILL RESULT IN A REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.	A LIQUIDATED DAMAG	ES CHARG	GE WHICH	WILL BE A	DDED TO	THE REMIT	TANCE A	NOUNT.
	EMPLOYERS NOT PAYING THE \$.50 TO THE				JST ALLOC	ATE THE	6.50 TO TH	ETRAININ	G FUND.
FRINGE BENEFITS	PLEASE CHECK HERE IF APPLICABLE: IF THIS INFORMATION IS NOT COMPLETED,	TRAININ			.50 DIREC	TLY TO TH	e piping e	DUCATIO	NAL COUNCIL.
ENSION FUND \$4.50									
ISURANCE FUND \$6.10	ADMINISTRATIVE USE ONLY								
UB FUND \$0.50 /ORKING DUES FUND \$0.65		EMPLOY	ER:						
RAINING FUND \$0.10	DATE RECEIVED:	ADDRES	S:						
IT'L TR FUND \$0.05 IP EDU COUNCIL FUND \$0.50	DEPOSIT DATE:								
AR FUND \$0.00	CHECK NUMBER:	CITY:							ST:ZIP:
OTAL \$12.40		TELEPHO	ONE:						CHECK FOR MORE FORMS
	CHECK AMOUNT:								MUKE FURMS
	ENTERED BY:	SIGNATU							DATE:
	SUBMISSIONS OF CONTRIBUTIONS ON AN AL							ER THE J	IRISDICTION OF THE

	-	ERS LOCA D BOX 159	AL 98	3						
	TROY,	MI 48099-015	9							
	PHONE: (248) 641-4988									
	EMPLOYER'S REPORT (OF HOURS AN	D CON	ITRIB	UTION	IS				
	APF	PLICANT								SEC 199
MONTH:	FROM: _		то: .							
LIGHT COMMERCIAL - CONTRIBUTIO RESIDENTIAL, SERVICE AND REPAIL WHETHER SUCH WORK IS PERFOR THIS REPORT WITH PAYMENT MUST BE RE HOURS WEI	<u>R</u> - CONTRIBUTIONS TO FRINGE B MED AT THE STRAIGHT TIME OR WORKED IN EX	ENEFIT FUNDS SI OVERTIME RATE. CESS OF 40 IN AN RUST FUNDS NO LAT	HALL BE NO FRI NY WEEI	E PAID I INGE B K.	FOR TH ENEFIT	IE FIRS CONTI	T 40 HC RIBUTIC		ORKED E OWEI	O ON HOUR
					Total Hours	Total Hours	5	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEEI 40 HOURS PER WEEK		
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time		Reporte	Straight Time (B)	Rate	A	MOUNT (C)
		TOTAL								
OTAL HOURS (A)	X \$9.95 \$	·		MAM			BLE TO: I	PLUMBER	RS LOCA	AL 98
VAGE REDUCTION (B)	HOURS TOTAL (C) \$		MAIL TO: PLUMBERS LOCAL 98 PO BOX 638043							
	TOTAL THIS REPORT \$		CINCINNATI, OH 45263-8043							
PECIAL NOTE: FAILURE TO FILE THIS REPORT ON T HE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE			AGES CHAR	GE WHICH	H WILL BE	ADDED TO	THE REM	ITTANCE AM	MOUNT.	
FRINGE BENEFITS	ADMINISTRATIVE USE ON	Y								
VORK DUES FUND \$1.00	DATE RECEIVED:	EMPLOYE	R:							
IP EDU COUNCIL FUND \$0.50 AR FUND \$0.45		ADDRESS	:							
OTAL \$9.95	DEPOSIT DATE:	СІТҮ:						:	ST:	_ZIP:
	CHECK NUMBER:	TELEPHO	NE:							CHECK FOR
										MORE FORMS
	ENTERED BY:	SIGNATUR	RE:					ſ	DATE:	
	SUBMISSIONS OF CONTRIBUTIONS ON A									

Rev Date: 06/17/2019

PL	UM.	BERS	SLO	CAL	98
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PHONE: (248) 641-4988

TROY, MI 48099-0159

TOLL FREE: (866) 646-8919

		METAL TRADE	ES HELPE	R						SEC 13	
MONTH:		FROM:		то: .							
LIGHT COMMERCIAL - CONTRIBU RESIDENTIAL, SERVICE AND REF WHETHER SUCH WORK IS PERF	AIR - CONTRIBUTION	S TO FRINGE BENEFI	T FUNDS SH TIME RATE.	ALL BE NO FRII	PAID F	OR THE	FIRST	40 HOU	RS WOR	KED EACH WEEP	
THIS REPORT WITH PAYMENT MUST BE THE HOUR		MBERS LOCAL 98 TRUST TTANCE IS BASED ON TH								THE MONTH IN WHI	
						Total Hours	Total Hours	s	TRAIGHT TI	WAGE REDUCTION PLAN RAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK	
SOCIAL SECURITY NUMBER	EMPLOYE	EE NAME	Straight Time	Over Time	Double Time	Worked (A)		Straight Time (B)	Rate	AMOUNT (C)	
		то									
DTAL HOURS (A)	X \$5.17	\$			MAK				PLUMBER S LOCAL	S LOCAL 98	
AGE REDUCTION (B)	HOURS	TOTAL (C) \$				с		BOX 638 ATI, OH 4	043 5263-804	3	
ECIAL NOTE: FAILURE TO FILE THIS REPORT O E LIQUIDATED DAMAGES CHARGE IS 10 % OF T			LIQUIDATED DAM	MAGES CH	ARGE WH	ICH WILL I	BE ADDED) TO THE R	EMITTANCE	AMOUNT.	
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DET SIGNING THIS FORM, TOU CERTIFY THAT THE INFORMATION CUNTAINED 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.

Rev Date: 6/17/2019

			OX 159		8					
	PHONE: (248) 641-498	ROY, MI 8			: (866) 6	46-8919				
	EMPLOYER'S REPO	RT OF H	IOURS A	ND CO	NTRIBU	TIONS				
	META	L TRAD	ES PLU	MBER					SEC 130	
MONTH:	FROM:		то: -							
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					TOTAL HOURS	TOTAL	s	TRAIGHT TIM	EDUCTION PLAN ME NOT TO EXCEED IRS PER WEEK	
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	STRAIGHT TIME	OVER TIME	DOUBLE TIME		HOURS	STRAIGHT TIME (B)	RATE	AMOUNT (C)	
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TOTAL HOURS (A)	X \$10.63 PER HOUR = \$			I			TO: PLUME		L 98	
WAGE REDUCTION (B)	HOURS TOTAL (C) \$		MAIL TO: PLUMBERS LOCAL 98 PO BOX 638043 CINCINNATI, OH 45263-8043							
	*TOTAL THIS REPORT \$									
	PORT ON TIME OR CALCULATED INCORRECTLY WILL RE % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$		JIDATED DAMAG	JES CHARGE	WHICH WILL	BE ADDED TO	THE REMITIAN	ICE AMOUNT.		
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*DURING THE INITIAL PROBATIONARY	CHECK NUMBER:	СІТҮ:							ST:ZIP:	
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	SUBMISSIONS OF CONTRIBUTIO			MUST BE AF	PPROVED BY	THE JAC				
LOCAL 98 FOR THE PERIOD INDICATED. B	AT THE INFORMATION CONTAINED IN THIS REPORT IS A Y FILING THIS REPORT, THE ABOVE NAMED EMPLOYER / CTORS ASSOCIATION OF DETROIT, INC., AND TO ALL TH	AGREES TO BE	BOUND BY AL	L THE TERMS	OF THE CUR	RENT COLLEC	TIVE BARGAINI	NG AGREEME	NT BETWEEN THE PLUMBERS	
Rev Date: 6/17/2019										

		PLUMBERS L	OCAL 98	3			
		PO BOX 1	59				
		TROY, MI 4809					
			TOLL FREE:				
	E	MPLOYER'S REPORT OF HOUP	RS AND CON	ITRIBUTION	S		
		SUMMER WOP					SEC 125
		FROM: BUTIONS TO FRINGE BENEFIT FUN					IGHT
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SPECIAL NOTE: FAILURE TO FILE THIS REP	ORT ON TIME OR	CALCULATED INCORRECTLY WILL RESULT IN A LIQUI FANCE AMOUNT BUT NOT LESS THAN \$15.00.	DATED DAMAGES CH	HARGE WHICH WILL	BE ADDED TO THE	REMITTANCE AMOU	NT.
THE EIGOIDATED DAMAGES CHARGE IS TO		EMPLOYERS NOT PAYING THE \$.35 TO THE PIPING E	DUCATIONAL COUN	CIL FUND MUST ALL	CATE THE \$.35 TO	THE TRAINING FUND).
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		CHECK NUMBER:				31	_ZIP:
		CHECK AMOUNT:					MORE FORMS
			SIGNATURE:		_	DATE:	
	S	UBMISSIONS OF CONTRIBUTIONS ON AN ALTERNAT	E FORM MUST BE AP	PROVED BY THE JA	C		

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.

Rev Date: 6/17/2019

			PLU			CAL 98				
				PO	BOX 1	59				
			TRC	DY, M	II 4809	9-0159				
PHONE:	(248) 6	41-4988				TOLL	FREE	: (888) 64	6-8919	
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MANDATORY		w	OPTIONAL*** AGE REDUCTION PL	AN	DEFI	OPTIONAL*** IED CONTRIBUTI	ON		OPTIONAL INSURANCE	***
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TRAINING FUND	\$1.44	DEFERR	AL LIMITS IMPOSED BY	THE IRS	DEFERRAL LIMITS IMPOSED BY THE IRS			under the Full, Standard, or Basic plans as listed or back side of form		
WORK DUES FUND	\$0.65		WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM			S AS LISTED ON BAC				
INT'L TRAINING FUND	\$0.05									
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TOTAL	\$17.01		ENTER AMOUNT		E	NTER AMOUNT			ENTER AMOUNT	
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	OF THE MON	TH FOLLOWIN	AYMENT MUST BE RECE IG THE MONTH BEING R TANCE IS BASED ON ST	EPORTED. F	REMITTANCE FO	R FRINGES IS BASE	D ON ALL A	CTUAL HOURS	WORKED.	
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I CERTIFY THAT THE INFORMATION	I IN THIS REP	ORT IS A FULL	AND ACCURATE STATE	MENT OF A						
PLUMBERS LOCAL 98 FOR THE PERIO BETWEEN THE PLUMBERS LOCAL	D INDICATED	. BY FILING TH	IIS REPORT, THE UNDER CONTRACTORS ASSOC	RSIGNED EN	IPLOYER AGRE	ES TO BE BOUND BY ND TO THE TERMS C	ALL THE TE	RMS OF THE C	URRENT COLLECTIVE BARGA	INING AGREEMENT
	SUBMIS	SIONS OF COM	PROVISIONS REL	ATING TO F	RINGE BENEFIT	FUND CONTRIBUTIO	NS. NT ADMINIS	TRATIVE COMM	ITTEE	
Rev Date: 6/17/2019										

OPTIONAL CONTRIBUTIONS:

HEALTH INSURANCE OPTIONS

Working Principals who elect medical and prescription drug coverage can no longer choose 2-person coverage. The only options are single or family coverage.

Thus, a Working Principal can elect single or family coverage under the Full, Standard, or Basic plans for the following premiums:

FULL PLAN:	\$675 SINGLE / \$1,012 FAMILY
STANDARD PLAN:	\$596 SINGLE / \$895 FAMILY
BASIC PLAN:	\$533 SINGLE / \$640 FAMILY

After an election has been made, once per year a Working Principal can switch from the Full Plan to the Standard or Basic Plan or from the Standard Plan to the Basic Plan. Participants are only permitted to "upgrade" their plan selection during the annual Open Enrollment.

To receive a chart of the benefits under the Full, Standard, and Basic plan options, please contact the Fund Administration Office at (248) 641-4988 or (866) 646-8919.

WHEN COMPARING INSURANCE RATES TO INSURANCE RATES THAT YOU MAY SOLICIT, MAKE SURE THE BENEFITS ARE COMPARABLE. THE INSURANCE FUND INSURES MORE MEDICAL BENEFITS; IT INCLUDES DEATH BENEFITS AND PRESCRIPTION BENEFITS. IF YOU DO NOT OPERATE YOUR BUSINESS AS A CORPORATION, PLEASE CHECK WITH YOUR ACCOUNTANT TO DETERMINE YOUR TAX DEDUCTIBILITY AS TO YOUR PAYMENT TO THE INSURANCE FUND OR YOUR COMPANY'S OWN INSURANCE PLAN.

PLUMBERS LOCAL 98 DEFINED CONTRIBUTION PENSION PLAN (D/C PLAN): YOU MAY OR MAY NOT CURRENTLY BE CONTRIBUTING TO YOUR OWN COMPANY'S QUALIFIED PLAN SUCH AS A 401K PLAN, ETC. IN ANY EVENT, THE MANDATORY CONTRIBUTION TO THE PLUMBERS LOCAL 98 DEFINED BENEFIT PLAN (D/B PLAN) DOES NOT CONFLICT WITH YOUR RIGHT TO CONTINUE TO CONTRIBUTE TO YOUR COMPANY'S QUALIFIED PLAN.

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.

IF YOU CHOOSE TO PARTICIPATE, CONTRIBUTIONS MUST BE MADE ACCORDING TO THE RULES * For Participants under age 50, the wage deferral limit imposed by the IRS for 2019 is \$19,000. For Participants age 50 and over, the IRS allows additional catch-up contributions of \$6,000 (\$25,000 total for 2018).

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

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