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

JOURNEYPERSON										
MONTH:		FROM:		TO: -						
THIS REPORT WITH PAYMENT	MUST BE I	RECEIVED BY THE PLUMBERS LOC PASED ON ALL ACTUAL HOURS WO	AL 98 TRUST RKED. WAGE	FUNDS NO L	ATER THA					
						Total		WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
OOOLAL OFOURITY NUMBER		EMBLOVEE NAME	Straight		Double	Hours	Total Hours	Straight		
SOCIAL SECURITY NUMBER		EMPLOYEE NAME	Time	Over Time	Time	Worked (A)	Reported	Time (B)	Rate	AMOUNT (C)
		TOTA	L							
OTAL HOURS (A)		x \$40.13			МАК	E CHECK	PAYARI F	TO: PI UN	IBERS LOC	Δ1 98
		X \$40.13	MAIL TO: PLUMBERS LOCAL 98							
VAGE REDUCTION (B)		HOURS TOTAL (C) \$						X 675434	404	
		TOTAL THIS REPORT \$				'	DETROIT, N	VII 48267-5	1434	
PECIAL NOTE: EAH LIDE TO EHE THIS D	EDORT ON T	IME OR CALCULATED INCORRECTLY WILL	DESLILT IN A LIG	NIIDATED DAM	IAGES CHAP	CE WHICH WI	II BE ADDED 1	O THE DEMI	TANCE AMOUNT	7
		REMITTANCE AMOUNT BUT NOT LESS TH		ZOIDATED DAIV	IAGES CHAIN	GE WHICH WI	LE DE ADDED I	TO THE REWIN	TANCE AWOUN	
FRINGE BENEFITS		EMPLOYERS NOT PAYING THE \$.52 TO T				IUST ALLOCA	TE THE <u>\$.52</u> TO	THE TRAININ	IG FUND.	
DB PENSION FUND		PLEASE CHECK HERE IF APPLICABLE: _ IF THIS INFORMATION IS NOT COMPLETI				\$.52 DIRECTL	Y TO THE PIPI	NG EDUCATIO	NAL COUNCIL.	
NSURANCE FUND OC PENSION FUND	\$9.50 \$1.50									
VORK DUES FUND	\$2.08									
GEN. DUES FUND	\$0.40									
SUB FUND	\$0.69	ADMINISTRATIVE USE ONLY	EMBI OVE	_						
SUB FUND-INDIVIDUAL	\$0.10	DATE RECEIVED:	EMPLOYER	··						
RAINING FUND	\$1.44	DATE RECEIVED.	ADDRESS:							
NT'L TR FUND	\$0.10	DEPOSIT DATE:								
PIP EDU COUNCIL FUND	\$0.52		CITY:						s	T:ZIP:
ARF FUND TOTAL	\$0.90 \$40.13	CHECK NUMBER:	_							
VIAL	φ 4 υ.13		TELEPHON	IE:						CHECK FOR MORE FORMS
		CHECK AMOUNT:	7							
		ENTERED BY:	SIGNATUR	E:					DA	TE:
		SUBMISSIONS OF CONTRIBUTI								

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.

EFF DATI 6/3/2024