

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

SERVICE, RESIDENTAL AND LIGHT COMMERCIAL (SRC) WORK

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	OVER TIME	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)
TOTAL									

TOTAL HOURS (A) _____ \$28.30 \$ _____

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

TOTAL THIS REPORT \$ _____

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 675434
DETROIT, MI 48267-5434

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	
DB PENSION FUND	\$15.20
DC PENSION FUND	\$0.75
INSURANCE FUND	\$8.06
WORKING DUES FUND	\$1.41
GENERAL DUES FUND	\$0.35
SUB FUND	\$0.15
TRAINING FUND	\$0.91
INT'L TR FUND	\$0.05
PIP EDU COUNCIL FUND	\$0.52
IARF FUND	\$0.90
TOTAL	\$28.30

EMPLOYERS NOT PAYING THE **\$.52** TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE **\$.52** TO THE TRAINING FUND.
 PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
 IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE **\$.52** DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

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: _____

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.