PO BOX 159

TROY, MI 48099-0159

PHONE: (248) 641-4988

# EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

TOLL FREE: (866) 646-8919

			JC	JURNEY	PERSO	N						SEC 110
MONTH:		FROM:			то: -							
THIS REPORT WITH PAYMENT HOURS WERE WORKED. REMITT		RECEIVED BY THE PLUMBERS L BASED ON ALL ACTUAL HOURS V		KED. WAGE								
							Trial		s	WAGE REDI STRAIGHT TIME 40 HOURS	E NOT TO	O EXCEED
SOCIAL SECURITY NUMBER		EMPLOYEE NAME		Straight Time	Over Time	Double Time	Total Hours Worked (A)	Total Hours Reported	Straight Time (B)	Rate		AMOUNT (C)
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	L	тот	ΓAL									
		x \$40.13 \$				MAK				BERS LOO		•
TOTAL HOURS (A)		HOURS TOTAL (C ) \$				MAN		L TO: PLUN			JAL 30	,
.,		TOTAL THIS REPORT \$					I	DETROIT, N	MI 48267-5	434		
SPECIAL NOTE: FAILURE TO FILE THIS R		TIME OR CALCULATED INCORRECTLY W	VILL RE	ESULT IN A LI	QUIDATED DAN	AGES CHAR	RGE WHICH WI	LL BE ADDED 1	O THE REMIT	TANCE AMOUN	NT.	
THE LIQUIDATED DAMAGES CHARGE IS 1 FRINGE BENEFITS	.0% OF THE	EMPLOYERS NOT PAYING THE \$.52						TE THE \$ 52 TO				
DB PENSION FUND	\$22.90	PLEASE CHECK HERE IF APPLICABLE	E:	TF	AINING FU	JND						
INSURANCE FUND	\$9.50	IF THIS INFORMATION IS NOT COMPL	.ETED,	, THE FUND O	FFICE WILL AL	LOCATE THE	5.52 DIRECTL	Y TO THE PIPI	NG EDUCATIO	NAL COUNCIL.		
DC PENSION FUND	\$1.50											
WORK DUES FUND	\$2.08											
GEN. DUES FUND	\$0.40	ADMINISTRATIVE USE ONLY										
SUB FUND SUB FUND-INDIVIDUAL	\$0.69	ADMINISTRATIVE USE ONET		EMPLOYER	R:							
	\$0.10 \$1.44	DATE RECEIVED:		•								
INT'L TR FUND	\$0.10			ADDRESS:								
PIP EDU COUNCIL FUND	\$0.52	DEPOSIT DATE:		CITY:							ST:	_ZIP:
IARF FUND	\$0.90			<u> </u>						`	, <u> </u>	
TOTAL	\$40.13			TELEPHON	IE:							CHECK FOR MORE FORMS
		CHECK AMOUNT:										MORE FORMS
		ENTERED BY:		SIGNATUR	E:					Đ.	ATE:	
		SUBMISSIONS OF CONTRIB	UTION	IS ON AN ALT	ERNATE FORM	I MUST BE A	PPROVED BY	THE JAC				
BY SIGNING THIS FORM, YOU CERTIFY TH LOCAL 98 FOR THE PERIOD INDICATED. E PLUMBERS LOCAL 98 AND THE MECHANI THE FRINGE BENEFIT FUND CONTRIBUTI	BY FILING TH	HIS REPORT, THE ABOVE NAMED EMPLO	OYER	AGREES TO E	BE BOUND BY A	ALL THE TERI	MS OF THE CU	<b>IRRENT COLLE</b>	CTIVE BARGA	AINING AGREEM	MENT BE	ETWEEN THE
EFE DATE 6/3/2024												

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 A	ND LIGHT C		ICAL (S	RC) WC	DRK			SEC 165
LIGHT CON		<u>AL</u> - CONTRIBUTIONS TO FRI	COMMER			E PAID F	OR <u>ALL</u>	HOURS	VORKED	JN LIGHT
			COMMENC							
THIS REPORT WITH PA	YMENT MU	JST BE RECEIVED BY THE PLUMBERS I	LOCAL 98 TRUST	FUNDS NO L	ATER THA	N THE 15th	OF THE MO		WING THE M	ONTH IN WHICH THE
		ANCE IS BASED ON THE TYPE OF WOR	K AS EXPLAINED	IN THE LANC	GUAGE ABC	OVE. WAGE				
		HOUF	S NOT TO EXCEE	D 40 HOURS	SPER WEE	к.				
										JCTION PLAN NOT TO EXCEED
						TOTAL HOURS	TOTAL	5		PER WEEK
			STRAIGHT		DOUBLE	WORKED	HOURS	STRAIGHT		
SOCIAL SECURITY NU	MBER	EMPLOYEE NAME	TIME	OVER TIME	TIME	(A)	REPORTED	TIME (B)	RATE	AMOUNT (C)
									<u> </u> +	
									<u> </u>	
		тс	TAL							
		10							<u> </u>	
TOTAL HOURS (A)		\$28.30 \$ _			MAKE (				MBERS LO	OCAL 98
		HOURS TOTAL (C) \$				MAIL	TO: PLUI	ABERS L		
WAGE REDUCTION (B)						D	ETROIT, I			
		TOTAL THIS REPORT \$ _					,			
SPECIAL NOTE: FAILURE TO FI	LE THIS REPO	ORT ON TIME OR CALCULATED INCORRECTLY	Y WILL RESULT IN A L	LIQUIDATED DA	AMAGES CHA	RGE WHICH	WILL BE ADDE	D TO THE REM	JITTANCE AMO	UNT.
		6 OF THE REMITTANCE AMOUNT BUT NOT LE								
FRINGE BENEFITS		EMPLOYERS NOT PAYING THE \$.52				MUST ALLOC	ATE THE <u>\$.52</u>	TO THE TRAIN	ING FUND.	
DB PENSION FUND DC PENSION FUND	\$15.20 \$0.75	PLEASE CHECK HERE IF APPLICAB IF THIS INFORMATION IS NOT COM		RAINING FU OFFICE WILL A		E <u>\$.52</u> DIREC	TLY TO THE PI	PING EDUCAT	IONAL COUNCI	L.
INSURANCE FUND	\$8.06									
WORKING DUES FUND	\$1.41									
GENARAL DUES FUND	\$0.35	ADMINISTRATIVE USE ONL	Y EMPLOYER	<b>.</b>						
SUB FUND	\$0.15	DATE RECEIVED:	LINFLOTER	·						
TRAINING FUND	\$0.91		ADDRESS:							
INT'L TR FUND	\$0.05	DEPOSIT DATE:								
PIP EDU COUNCIL FUND	\$0.52		CITY:						s	ST:ZIP:
IARF FUND TOTAL	\$0.90 <b>\$28.30</b>	CHECK NUMBER:								
	\$20100		TELEPHON	IE:						CHECK FOR MORE FORMS
		CHECK AMOUNT:								
		ENTERED BY:	SIGNATUR	E:						DATE:
		SUBMISSIONS OF CONTRI								
PLUMBERS LOCAL 98 FOR THE	PERIOD INDI	CATED. BY FILING THIS REPORT, THE ABOVE	NAMED EMPLOYER	AGREES TO BI	E BOUND BY	ALL THE TER	MS OF THE CL	IRRENT COLLI	ECTIVE BARGAI	INING AGREEMENT
BETWEEN THE PLUMBERS LOC PROVISIONS RELATING TO THE	CAL 98 AND TH	HE MECHANICAL CONTRACTORS ASSOCIATION	ON OF DETROIT, INC.	, AND TO ALL T	HE TERMS C	OF THE TRUST	F AGREEMENT	S OF THESE F	UNDS. SPECIFI	CALLY INCLUDING

EFF Date

6/3/2024

	PO BO TROY, MI	OX 159	0						
	PHONE: (248) 641-4988			• (866)	) 646-	8010			
	EMPLOYER'S REPORT OF H								
						10			
	APPLIC								SEC 1
IGHT COMMERCIAL - CONTRIBUTION RESIDENTIAL, SERVICE AND REPAIR WHETHER SUCH WORK IS PERFORM HIS REPORT WITH PAYMENT MUST BE RECI	S TO FRINGE BENEFIT FUNDS SHALL CONTRIBUTIONS TO FRINGE BENEF ED AT THE STRAIGHT TIME OR OVER WORKED IN EXCESS	BE PAID FC TT FUNDS SI TIME RATE. OF 40 IN AN	DR <u>ALL</u> HALL B NO FR NY WEE	HOURS E PAID INGE B K.	WORK FOR TH ENEFIT	ED ON E FIRS CONT	RIBUTIC	OURS W	ORKED EACH W
	WORKED. REMITTANCE IS BASED ON THE		K AS EXP		IN THE L	_ANGUA	GE ABOV	E. <u>WAGE F</u> TRAIGHT	REDUCTION PLAN TIME NOT TO EXCEED DURS PER WEEK
		Straight	Over	Double		Hours Reporte			
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Time	Time	Time	(A)	d	Time (B)	Rate	AMOUNT (C)
· ·	тот	AL							
OTAL HOURS (A)	X \$10.90 \$ HOURS TOTAL (C ) \$ TOTAL THIS REPORT \$			МАК		AIL TO: P PO	BLE TO: F LUMBER BOX 675 IT, MI 482	S LOCAI 434	
PECIAL NOTE: FAILURE TO FILE THIS REPORT ON TI HE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE			DAMAGES	CHARGE \	WHICH WI	LL BE ADI	DED TO TH	E REMITT	ANCE AMOUNT.
FRINGE BENEFITS SURANCE FUND \$8.00	ADMINISTRATIVE USE ONLY								
ISURANCE FUND \$8.00 ORKING DUES FUND \$1.00 IP EDU COUNCIL FUND \$0.50 RAINING FUND \$0.50	DATE RECEIVED:	ADDRESS							
RF FUND         \$0.90           OTAL         \$10.90	DEPOSIT DATE:	СІТҮ:					ST:ZIP:		
	CHECK NUMBER:	TELEPHO	TELEPHONE:				CHECK FOR MORE FORM		

PO BOX 159

TROY, MI 48099-0159

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

**EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS** 

#### 1ST YEAR APPRENTICE (1st and 2nd academic periods)

SEC 102

\_\_\_\_\_ FROM: \_\_\_\_\_

MONTH:

#### <u>LIGHT COMMERCIAL</u> - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR <u>ALL</u> HOURS WORKED ON LIGHT COMMERCIAL WORK.

TO:

### 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 EXPLAINED IN THE LANGUAGE ABOVE.

					Total Hours	Total	s	TRAIGHT		ON PLAN TO EXCEED WEEK
		Straight	Over	Double	Worked	Hours	Straight			
SOCIAL SECURITY NUMBER	EMPLOYEE NAM	E Time	Time	Time	(A)	Reported	Time (B)	Rate	4	AMOUNT (C)
		TOTAL								
TOTAL HOURS (A)	X \$12.68	\$								
WAGE REDUCTION (B)	HOURS TO	TAL (C ) \$		MA		K PAYABI AIL TO: PL				L 98
						PO	BOX 675	434	50	
		EPORT \$				DETRO				
	PORT ON TIME OR CALCULATED INCORRECTL % OF THE REMITTANCE AMOUNT BUT NOT LE		AMAGES (	CHARGE V	HICH WIL	L BE ADDED	) TO THE F	REMITTAN	CE AMOUI	NT.
		HE <u>\$.50</u> TO THE PIPING EDUCATION		CIL FUND		OCATE THE	\$ 50 TO T	ΗΕ ΤΡΔΙΝΙ		
	PLEASE CHECK HERE IF AP	PLICABLE: TRAINI	NG FUN	1D						
FRINGE BENEFITS	IF THIS INFORMATION IS NO	T COMPLETED, THE FUND OFFICE	WILL ALLC	DCATE TH	E <u>\$.50</u> DIR	ECTLY TO TH	HE PIPING	EDUCATI	ONAL COL	JNCIL.
DB PENSION FUND \$4.83										
INSURANCE FUND \$5.50										
SUB FUND \$0.10	ADMINISTRATIV	EUSE ONLY EMPLOY	ER:							
WORKING DUES FUND \$0.70	DATE RECEIVED:									
GENERAL DUES \$0.15		ADDRES	S:							
TRAINING FUND \$0.35	DEPOSIT DATE:	_								
INT'L TR FUND \$0.05		CITY:							ST:	_ZIP:
PIP EDU COUNCIL FUND \$0.50	CHECK NUMBER:	•···· <u> </u>							• <u> </u>	
DC PENSION FUND \$0.50		TELEPH								CHECK FOR
IARF FUND \$0.00	CHECK AMOUNT:									MORE FORMS
TOTAL \$12.68										
	ENTERED BY:	SIGNATU	JRE:						DATE:	
ALTERNATE FORM MUST BE APPROVED BY THE JAC										
PLUMBERS LOCAL 98 FOR THE PERIOD	HAT THE INFORMATION CONTAINED IN THIS P NDICATED. BY FILING THIS REPORT, THE ABO D THE MECHANICAL CONTRACTORS ASSOCIA PROVISIONS REL PROVISIONS REL	VE NAMED EMPLOYER AGREES TO	BE BOUNI	D BY ALL T RMS OF TH	HE TERM	S OF THE CI	JRRENT C	OLLECTIV	E BARGA	INING AGREEMENT
EEE Data:	FROVISIONS REL	A THE FRINGE DENEFTI FU	UD CONTR							
EFF Date: 7/1/2024										

PO BOX 159

TROY, MI 48099-0159

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

**EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS** 

#### 2ND YEAR APPRENTICE (3rd and 4th academic periods)

SEC 103

– FROM: \_\_\_\_

MONTH:

### <u>LIGHT COMMERCIAL</u> - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR <u>ALL</u> HOURS WORKED ON LIGHT COMMERCIAL WORK.

TO:

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	s	TRAIGHT	REDUCTION PLAN T TIME NOT TO EXCEED HOURS PER WEEK		
				Straight	Over	Double	Worked	Reporte					
SOCIAL SECURITY NUMBE	ER	EMPLOYEE NAME		Time	Time	Time	(A)	d	Time (B)	Rate	AMOUNT (C)		
			TOTAL										
		V \$14.60		1		МАК					RS LOCAL 98		
			\$			WAN		IL TO: P	LUMBER	S LOCA			
WAGE REDUCTION (B)		HOURS TOTAL (C)	\$						BOX 675 IT, MI 482				
		TOTAL THIS REPORT	\$					DEINO	11, III 402	-01-0404			
		OR CALCULATED INCORRECTLY WILL MITTANCE AMOUNT BUT NOT LESS THA		IQUIDATED	DAMAGES	CHARGE	WHICH W	'ILL BE AD	DED TO TI	HE REMIT	TANCE AMOUNT.		
		EMPLOYERS NOT PAYING THE \$.50 T		EDUCATION	IAL COUNC	CIL FUND I	MUST ALL	OCATE TH	IE \$.50 TO	THE TRAI	NING FUND.		
	-	PLEASE CHECK HERE IF APPLICABLE IF THIS INFORMATION IS NOT COMPL											
FRINGE BENEFITS			ETED, THE FUR	ND OFFICE	WILL ALLO		- φ.30 DIKI			G EDUCA	HONAL COUNCIL.		
	.50												
	.75			r									
	.10	ADMINISTRATIVE USE O	NLY	EMPLOY	ER:								
	.70	DATE RECEIVED:											
	.15			ADDRES	s:								
	.35	DEPOSIT DATE:											
	.05			CITY:							ST:ZIP:		
	.50	CHECK NUMBER:											
	.50			TELEPHO	ONE:						CHECK FOR		
	.00	CHECK AMOUNT:									MORE FORMS		
TOTAL \$14	.60	ENTERED BY:		SIGNATU	IDE.						DATE:		
ALTERNATE FORM MUST BE APPRO				SIGNAT									
		MATION CONTAINED IN THIS REPORT IS			STATEMEN			ES WORK					
PLUMBERS LOCAL 98 FOR THE	E PERIOD INDICATED PLUMBERS LOCAL 98	0. BY FILING THIS REPORT, THE ABOVE AND THE MECHANICAL CONTRACTOR: PECIFICALLY INCLUDING PROVISIONS I	NAMED EMPLO	OYER AGRE	ES TO BE DIT, INC., A	BOUND B' ND TO AL	Y ALL THE L THE TEF	TERMS OR	F THE CU	RRENT CC	DLLECTIVE BARGAINING		
EFF Date: 7/1/2024	3				- DEMENTI								
LI Dale. //1/2024													

PO BOX 159

TROY, MI 48099-0159

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

**EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS** 

#### 3RD YEAR APPRENTICE (5th and 6th academic periods)

SEC 104

FROM: \_\_\_\_\_

MONTH:

### <u>LIGHT COMMERCIAL</u> - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR <u>ALL</u> HOURS WORKED ON LIGHT COMMERCIAL WORK.

TO:

#### 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	s	WAGE REDUC STRAIGHT TIME NO 40 HOURS PE		TO EXCEED	
SOCIAL SECURITY NUMBER		EMPLOYEE	NAME	Straight Time	Over Time	Double Time	Worked (A)	Reporte d	Straight Time (B)	Rate		AMOUNT (C)
				Time	Time	Time	(~)	u		Rute		
			TOTAL									
TOTAL HOURS (A)		x \$14.65	\$			MAK			BLE TO: F			AL 98
WAGE REDUCTION (B)		HOURS	TOTAL (C ) \$				MA	PO	BOX 67	5434	L 98	
		TOTAL T	HIS REPORT \$					DETRO	IT, MI 48:	267-5434		
SPECIAL NOTE: FAILURE TO FILE THIS RE THE LIQUIDATED DAMAGES CHARGE IS 10				UIDATED D.	AMAGES C	HARGE W	HICH WIL	L BE ADDE	ED TO THE	REMITTA	NCE AMC	UNT.
	_		YING THE \$.50 TO THE PIPING I E IF APPLICABLE:				MUST ALL	OCATE TH	IE \$.50 TO	THE TRAI	NING FUI	ND.
FRINGE BENEFITS		IF THIS INFORMATION	N IS NOT COMPLETED, THE FUI	ND OFFICE	WILL ALLC	DCATE THE	E \$.50 DIR	ECTLY TO	THE PIPIN	IG EDUCA	TIONAL C	OUNCIL.
DB PENSION FUND \$6.50												
INSURANCE FUND \$5.80		ADMINIST	RATIVE USE ONLY	<u> </u>								
SUB FUND \$0.10 WORKING DUES FUND \$0.70			KATIVE USE ONET	EMPLOY	ER:							
WORKING DUES FUND \$0.70 GENERAL DUES FUND \$0.15		DATE RECEIVED:		-								
TRAINING FUND \$0.35				ADDRES	is:							
INT'L TR FUND \$0.05		DEPOSIT DATE:										710
PIP EDU COUNCIL FUND \$0.50											ST:	ZIP:
DC PENSION FUND \$0.50		CHECK NUMBER:		TELEPH								CHECK FOR
IARF FUND \$0.00		CHECK AMOUNT:			UNL							MORE FORMS
TOTAL \$14.65		ENTERED BY:										
		ENTERED BT.		SIGNATU	JRE:						DATE	
					TATE							
BY SIGNING THIS FORM, YOU CERTIFY TI PLUMBERS LOCAL 98 FOR THE PERIOD IN BETWEEN THE PLUMBERS LOCAL 98 AND	DICATED. BY FIL	ING THIS REPORT, THE AL CONTRACTORS ASS	ABOVE NAMED EMPLOYER AG	GREES TO E	BE BOUND	BY ALL TH IS OF THE	IE TERMS	OF THE C	URRENT	COLLECTI	VE BARG	AINING AGREEMENT
EFF Date: 7/1/2024												

PO BOX 159

TROY, MI 48099-0159

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

**EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS** 

TO:

### 4TH YEAR APPRENTICE (7th and 8th academic periods)

SEC 105

\_\_\_\_ FROM: \_\_\_\_\_

MONTH:

### 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 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 LANGUAG	E ABOVE.

							Total Hours	Total Hours	s	STRAIGHT 40 HO		ON PLAN TO EXCEED WEEK
SOCIAL SECURITY NUMBER		EMPLOYEE	NAME	Straight Time	Over Time	Double Time	Worked (A)		Straight Time (B)	Rate		AMOUNT (C)
								-				
			TOTAL									
TOTAL HOURS (A)		x \$14.70	\$			МАК			BLE TO: F			AL 98
WAGE REDUCTION (B)		HOURS	TOTAL (C ) \$				MA	PO	BOX 675	5434	L 98	
		TOTAL	THIS REPORT \$					DETRO	IT, MI 482	267-5434		
SPECIAL NOTE: FAILURE TO FILE THIS REP THE LIQUIDATED DAMAGES CHARGE IS 10				UIDATED D	AMAGES C	HARGE W	HICH WIL	L BE ADDE	ED TO THE	REMITTA	NCE AMO	UNT.
	1	PLEASE CHECK HEP	AYING THE \$.50 TO THE PIPING RE IF APPLICABLE: IN IS NOT COMPLETED, THE FUI	TRAIN	NG FUN	ID						
			IN IS NOT COMPLETED, THE FOR	ND OFFICE	WILL ALLC		= 9.50 DIK	EGILI IO		IG EDUCA	TIONAL C	OUNCIL.
DB PENSION FUND \$6.50 INSURANCE FUND \$5.85												
SUB FUND \$0.10		ADMINIS	TRATIVE USE ONLY	EMPLOY	ED.							
WORKING DUES FUND \$0.70		DATE RECEIVED										
GENERAL DUES FUND \$0.15				ADDRES	s:							
TRAINING FUND \$0.35 INT'L TR FUND \$0.05		DEPOSIT DATE:		-								
PIP EDU COUNCIL FUND \$0.50		CHECK NUMBER									ST:	_ZIP:
DC PENSION FUND \$0.50		CHECK NUMBER		TELEPH	ONE:							CHECK FOR
IARF FUND \$0.00		CHECK AMOUNT	:									MORE FORMS
TOTAL \$14.70	l	ENTERED BY:		SIGNATI	IDE.						DATE:	
ALTERNATE FORM MUST BE APPROVED I	BY THE JAC			SIGNATU	//E							
BY SIGNING THIS FORM, YOU CERTIFY TH		ATION CONTAINED IN	THIS REPORT IS A FULL AND A	CCURATE S	TATEMEN	T OF ALL E	EMPLOYE	ES WORKI	NG FOR Y	OU UNDEF	R THE JUF	RISDICTION OF THE
PLUMBERS LOCAL 98 FOR THE PERIOD IN BETWEEN THE PLUMBERS LOCAL 98 AND	IDICATED. BY FIL	ING THIS REPORT, TH AL CONTRACTORS AS	E ABOVE NAMED EMPLOYER AG	GREES TO E	BE BOUND	BY ALL TH	HE TERMS	OF THE C	URRENT	COLLECTI	VE BARGA	AINING AGREEMENT
Effective I 7/1/2024												

PLUMBERS	<b>5 LOCAL 98</b>
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PO BOX 159

TROY, MI 48099-0159

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

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

5TH YEAR APPRENTICE (9th and 10th academic periods)

SEC 106

\_\_\_\_\_ FROM: \_\_\_\_

MONTH:

<u>LIGHT COMMERCIAL</u> - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR <u>ALL</u> HOURS WORKED ON LIGHT COMMERCIAL WORK.

TO:

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	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK			
SOCIAL SECURITY NUMBER	2	EMPLOYEE N	IAME	Straight Time	Over Time	Double Time	Worked (A)		Straight Time (B)	Rate		AMOUNT (C)
			TOTAL									
TOTAL HOURS (A)		x \$15.35	\$			MAK	E CHEC	K PAYAE	BLE TO: I	PLUMBE	RS LOC	AL 98
WAGE REDUCTION (B)		HOURS	TOTAL (C ) \$		MAIL TO: PLUMBERS LOCAL 98 PO BOX 675434							
		TOTAL TH	IIS REPORT \$					DETRO	IT, MI 482	267-5434		
SPECIAL NOTE: FAILURE TO FILE THIS F THE LIQUIDATED DAMAGES CHARGE IS				JIDATED DA	AMAGES C	HARGE W	HICH WILL	BE ADDE	D TO THE	REMITTAI	NCE AMOU	JNT.
	-	PLEASE CHECK HERE	ING THE \$.50 TO THE PIPING IF APPLICABLE: IS NOT COMPLETED, THE FUI	TRAINI	NG FUN	ID						
FRINGE BENEFITS DB PENSION FUND \$6.	50						L 4.00 Dirt			C LDOOM		
INSURANCE FUND \$6.												
SUB FUND \$0.		ADMINISTR	ATIVE USE ONLY	EMPLOY	ER:							
WORKING DUES FUND \$0. TRAINING FUND \$0.		DATE RECEIVED:										
GENERAL DUES \$0.		DEPOSIT DATE:		ADDRES	is:							
INT'L TR FUND \$0.		DEI GOIT DATE.		CITY:							ST:	ZIP:
PIP EDU COUNCIL FUND \$0.		CHECK NUMBER:		-								
DC PENSION FUND \$0. IARF FUND \$0.				TELEPH	ONE:							CHECK FOR MORE FORMS
TOTAL \$15.		CHECK AMOUNT:		1								
		ENTERED BY:		SIGNATI	JRE:						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												
BY SIGNING THIS FORM, YOU CERTIFY PLUMBERS LOCAL 98 FOR THE PERIOD BETWEEN THE PLUMBERS LOCAL 98 A	INDICATED. BY FIL	ING THIS REPORT, THE A	ABOVE NAMED EMPLOYER AG	GREES TO E	BE BOUND	BY ALL TH	HE TERMS	OF THE C	URRENT (	COLLECTI	/E BARGA	INING AGREEMENT
Effective I 7/1/2024												
2												

		PLUMBERS		L 98	3							
		PO BO TROY, MI	DX 159 18099-0159	a								
	РНС	,	TOLL		: (866)	646-8	919					
		MPLOYER'S REPORT OF H										
		METAL TRAD	ES HELPE	R							SEC 135	
MONTH:		FROM:	-									
RESIDENTIAL, SERVICE AND WHETHER SUCH WORK IS PI	<u>REPAIR</u> - CO ERFORMED /	D FRINGE BENEFIT FUNDS SHALL NTRIBUTIONS TO FRINGE BENEF AT THE STRAIGHT TIME OR OVER WORKED IN EXCESS	IT FUNDS SH TIME RATE. OF 40 IN AN	IALL BE NO FR Y WEE	e paid f Inge bi K.	For th Enefit	e firs Contf	t 40 ho Ributio	URS WO	ORKED E OWEI	D ON HOURS	
		D BY THE PLUMBERS LOCAL 98 TRUST I ORKED. REMITTANCE IS BASED ON THI						ABOVE.	WAGE F	REDUCTIO	ON PLAN	
			<b>0</b> (1)(1)(1)	•	Double	Total Hours	Total Hours			TIME NOT	DT TO EXCEED ER WEEK	
SOCIAL SECURITY NUMBER		EMPLOYEE NAME	Straight Time	Over Time	Double Time	Worked (A)	Reporte d	Straight Time (B)	Rate	А	MOUNT (C)	
							IL TO: P PO	BLE TO: F	S LOCAL 5434	L 98		
		TOTAL THIS REPORT \$										
		CALCULATED INCORRECTLY WILL RESULT IN TANCE AMOUNT BUT NOT LESS THAN \$15.00.	A LIQUIDATED D	AMAGES C	HARGE W	HICH WILI	BE ADDE	ED TO THE	REMITTAI	NCE AMOL	JNT.	
FRINGE BENEFITS INSURANCE FUND WORK DUES FUND	\$3.37 \$0.90	EMPLOYERS NOT PAYING THE \$.35 TO THE P PLEASE CHECK HERE IF APPLICABLE: IF THIS INFORMATION IS NOT COMPLETED, T	TRAINI	NG FUI	ND						D.	
GENERAL DUES FUND TRAINING FUND	\$0.10 \$0.10	ADMINISTRATIVE USE ONLY		ED-								
INT'L TR FUND	\$0.05	DATE RECEIVED:	EMPLOY	ER:								
PIP EDU COUNCIL FUND IARF FUND	\$0.35 \$0.90		ADDRES	ADDRESS:								
TOTAL	\$5.77		СІТҮ:							_ZIP:		
		CHECK NUMBER:	TELEPH	ONE <u>:</u>							CHECK FOR	
											MORE FORMS	
ALTERNATE FORM MUST BE APPROVED E	BY THE JAC	ENTERED BY:	SIGNATU	JRE:						DATE:		
BY SIGNING THIS FORM, YOU CERTIFY T JURISDICTION OF THE PLUMBERS LOC CURRENT COLLECTIVE BARGAINING AGF	HAT THE INFORM CAL 98 FOR THE P REEMENT BETWE	IATION CONTAINED IN THIS REPORT IS A FULL ERIOD INDICATED. BY FILING THIS REPORT, TI EN THE PLUMBERS LOCAL 98 AND THE MECHA FUNDS. SPECIFICALLY INCLUDING PROVISION	HE ABOVE NAMED	EMPLOY	ER AGREE	S TO BE E	OUND BY	ALL THE 1 AND TO AL	FERMS OF	THE		
EFF Date: 6/3/2024												

PO BOX 159

TROY, MI 48099-0159

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

**EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS** 

### METAL TRADES PLUMBER

SEC 130

FROM:	то:

MONTH:

#### 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 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. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

							TOTAL HOURS	TOTAL	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK			
SOCIAL SECURITY NUMBE	R	EMPLOYEE NAME		STRAIGHT TIME	OVER TIME	DOUBLE TIME	WORKED (A)	HOURS	STRAIGHT TIME (B)	RATE	A	MOUNT (C)
			TOTAL									
			TOTAL	1								
TOTAL HOURS (A)			\$			N		K PAYABLE	MBERS LOO		L 98	
WAGE REDUCTION (B)	HOURS TOTAL (C)	\$						)X 675434 MI 48267-54	34			
*TOTAL THIS REPORT \$												
SPECIAL NOTE: FAILURE TO FILE TH THE LIQUIDATED DAMAGES CHARGE	IS REPORT ON	I TIME OR CALCULATED INCORRE	ECTLY WILL DT LESS TH	AN \$15.00.	LIQUIDATED D	AMAGES CHA	ARGE WHICH	WILL BE ADDE	D TO THE RE	MITTANCE AN	<i>I</i> OUNT.	
FRINGE BENEFITS	57	EMPLOYERS NOT PAYING THE PLEASE CHECK HERE IF APPL			CATIONAL CO		MUST ALLOC	ATE THE \$.35	TO THE TRAIN	ING FUND.		
	IE THIS INFORMATION IS NOT COMPLETED. THE FUND OFFICE WILL ALL OCATE THE \$ 25 DIRECTLY TO THE DIDING EDUCATIONAL COUNCIL											
GENERAL DUES \$0	.10											
DEF CONTRIB* \$1	.75											
TRAINING FUND \$0	.61	ADMINISTRATIVE USE	ONLY	EMPLOYER	ł:							
INT'L TR FUND \$0		DATE RECEIVED:										
PIP EDU COUNCIL FUND \$0				ADDRESS:								
IARF FUND \$0 TOTAL \$11		DEPOSIT DATE:		-								
*				CITY:							ST:	_ZIP:
DURING THE INITIAL PROBATIONARY PERIOD OF 90 DAYS, DEFINED		CHECK NUMBER:									1	
CONTRIBUTION (DC) IS NOT PAID. AF	TER			TELEPHON	E:							CHECK FOR MORE FORMS
PROBATIONARY PERIOD ENDS.		CHECK AMOUNT:										
		ENTERED BY:		SIGNATUR	E:						DATE:	
ALTERNATE FORM MUST BE APPRO	VED BY THE J	AC										
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 TRUSS AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.												
EFF Date: 6/3/2024												

**PO BOX 159** 

TROY, MI 48099-0159

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

**EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS** 

TO:

SUMMER WORKER

MONTH:

SEC 125

### FROM: 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 FOLLOWII	NG THE MONTH IN WHICH THE
HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.	

				STRAIGHT		DOUBLE	TOTAL HOURS	TOTAL HOURS
SOCIAL SECURITY NUMBER		EMPLOYEE NAM	E	TIME	OVER TIME	TIME	WORKED (A)	REPORTED
			TOTAL					
TOTAL HOURS (A) x \$2.30 \$ DETROIT, MI 48267-5434								
SPECIAL NOTE: FAILURE TO FILE THIS RE THE LIQUIDATED DAMAGES CHARGE IS 10				UIDATED DAMAGES C	CHARGE WHICH WIL	L BE ADDED TO THE	E REMITTANCE AMO	UNT.
		EMPLOYERS NOT PAYING T		EDUCATIONAL COUN	CIL FUND MUST ALL	OCATE THE \$.35 TO	THE TRAINING FUN	D.
FRINGE BENEFITS		PLEASE CHECK HERE IF AP IF THIS INFORMATION IS NO						OUNCII
WORKING DUES FUND INT'L TR FUND	\$1.00 \$0.05				, , , , , , , , , , , , , , , , , , ,		10 2000/1101012 0	
PIP EDU COUNCIL FUND	\$0.05 \$0.35							
IARF FUND	\$0.90	ADMINISTRATIV	E USE ONLY	EMPLOYER:				
TOTAL	\$2.30	DATE RECEIVED:						
				ADDRESS:				
		DEPOSIT DATE:						
		CHECK NUMBER: -					ST:	_ZIP:
		CHECK NOMBER		TELEPHONE:				CHECK FOR
		CHECK AMOUNT:						MORE FORMS
		ENTERED BY:		SIGNATURE:			DATE:	
	S	UBMISSIONS OF CONTRIBUT	IONS ON AN ALTERNAT		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 FINIGE BENEFIT FUND CONTRIBUTIONS.								
EFF Date: 7/1/2024								

<b>[</b>											
			PLU	MBE	RS LO	CAL 98					
PO BOX 159											
TROY, MI 48099-0159											
PHONE: (248) 641-4988 TOLL FREE: (888) 646-8919											
								· · · ·			
			DO NOT USE F	OR JOU	RNEYMEN	OR APPREN	ITICES				
			N N	NORK	(ING PR					_	
Month			From:			То:				SEC 170	
LIGHT COMMERCIA COMMERCIAL WORK			ERVICE AND R	<u>EPAIR</u> -		UTIONS TO F					
THE PRINCIPAL MUST REPOR ESTIMATORS, SUPERIN									M IS NOT TO BE USED FOR S		
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER			END C	OF LAST PAY PERIOD			TOTAL HOURS WORKE			
FRINGE BENEFITS											
MANDATORY		w	OPTIONAL*** AGE REDUCTION PL	AN	OPTIONAL*** DEFINED CONTRIBUTION			OPTIONAL INSURANCE ***			
DB PENSION FUND	\$18.20	PLEASE REFER TO CURRENT WAGE			PLEASE REFER TO CURRENT WAGE			Working Principal can elect single or family coverage			
TRAINING FUND	\$1.44	DEFERF	RAL LIMITS IMPOSED BY ARE SUBJECT TO CHANG	THE IRS	S DEFERRAL LIMITS IMPOSED BY THE						
WORKING DUES FUND	\$0.65	ANNUAL BASIS AS LISTED ON BACK SIDE FORM						=			
INT'L TRAINING FUND	\$0.05										
PIPING ED COUNCIL FUND	\$0.52	1									
IARF FUND	\$0.90										
		\$			\$	\$		\$			
TOTAL	\$21.76		ENTER AMOUNT		E	NTER AMOUNT			ENTER AMOUNT		
TOTAL HOURS				\$							
			-				MA	KE CHECK	PAYABLE TO:		
WAGE REDUCTION O				\$				LOC	AL 98		
D/C PENSION FUND OPTION AMOUNT \$ PO BOX 675434											
INSURANCE PLAN OPTION AMOUNT \$ DETROIT, MI 48267-5434											
		-	HIS REPORT	\$							
	OF THE MON	NTH FOLLOWI	AYMENT MUST BE RECE NG THE MONTH BEING R TANCE IS BASED ON ST	EPORTED.	REMITTANCE FO	R FRINGES IS BASE	D ON ALL A	CTUAL HOURS	WORKED.		
ADMINISTRATIVE USE ONLY											
DATE RECEIVED:			]		EMPLOYER:						
DEPOSIT DATE:			_		ADDRESS:						
						CITY:ST: ZIP:					
CHECK AMOUNT:						TELEPHONE: CHECK BOX FOR MORE FORMS CHECK BOX IF FINAL REPORT					
ENTERED BY:			-		SIGNATURE				DATE:		
SPECIAL NOTE: FAILURE TO FILE THIS LIQUIDATED DAMAGES CHARGE IS 10					ILT IN A LIQUIDA	TED DAMAGES CHAR	RGE WHICH	WILL BE ADDED	TO THE REMITTANCE AMOUN	IT. THE	
I CERTIFY THAT THE INF OF THE PLUMBERS L	ORMATION IN OCAL 98 FOR	N THIS REPOR	T IS A FULL AND ACCURA	ATE STATEN HIS REPORT	, THE UNDERSIG	ONED EMPLOYER AG	REES TO BE	E BOUND BY ALL	FOR THE EMPLOYER UNDER TI L THE TERMS OF THE CURREN	T COLLECTIVE	
		FUN	NDS, SPECIFICALLY INCL						TERMS OF THE TRUST AGREE	EMENTS OF THE	
MS MUST BE APPROVED BY THE JOINT EFF Date: 6/3/2024	ADMINISTR	ATIVE COMMIT	IEE								