

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

SEC 110

MONTH: _____ FROM: _____ TO: _____

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 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	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) _____ x \$40.13 \$ _____

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	\$22.90
INSURANCE FUND	\$9.50
DC PENSION FUND	\$1.50
WORK DUES FUND	\$2.08
GEN. DUES FUND	\$0.40
SUB FUND	\$0.69
SUB FUND-INDIVIDUAL	\$0.10
TRAINING FUND	\$1.44
INT'L TR FUND	\$0.10
PIP EDU COUNCIL FUND	\$0.52
IARF FUND	\$0.90
TOTAL	\$40.13

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: _____	<input type="checkbox"/> 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.

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	OVERTIME	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

DATE RECEIVED: _____	EMPLOYER: _____	
DEPOSIT DATE: _____	ADDRESS: _____	
CHECK NUMBER: _____	CITY: _____	ST: _____ ZIP: _____
CHECK AMOUNT: _____	TELEPHONE: _____	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.

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

APPLICANT _____

SEC 199

MONTH: _____ FROM: _____ TO: _____

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.

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) _____ X \$10.90 \$ _____

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	
INSURANCE FUND	\$8.00
WORKING DUES FUND	\$1.00
PIP EDU COUNCIL FUND	\$0.50
TRAINING FUND	\$0.50
IARF FUND	\$0.90
TOTAL	\$10.90

ADMINISTRATIVE USE ONLY	EMPLOYER: _____
DATE RECEIVED: _____	ADDRESS: _____
DEPOSIT DATE: _____	CITY: _____ ST: _____ ZIP: _____
CHECK NUMBER: _____	TELEPHONE: _____
CHECK AMOUNT: _____	CHECK FOR MORE FORMS <input type="checkbox"/>
ENTERED BY: _____	SIGNATURE: _____ DATE: _____

SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC

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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

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

SEC 102

MONTH: _____ FROM: _____ TO: _____

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 EXPLAINED IN THE LANGUAGE ABOVE.

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) _____ X \$12.68 \$ _____

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	\$4.83
INSURANCE FUND	\$5.50
SUB FUND	\$0.10
WORKING DUES FUND	\$0.70
GENERAL DUES	\$0.15
TRAINING FUND	\$0.35
INT'L TR FUND	\$0.05
PIP EDU COUNCIL FUND	\$0.50
DC PENSION FUND	\$0.50
IARF FUND	\$0.00
TOTAL	\$12.68

EMPLOYERS NOT PAYING THE \$.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

ADMINISTRATIVE USE ONLY		EMPLOYER: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ TELEPHONE: _____ SIGNATURE: _____ DATE: _____
DATE RECEIVED:	_____	
DEPOSIT DATE:	_____	
CHECK NUMBER:	_____	
CHECK AMOUNT:	_____	
ENTERED BY:	_____	

CHECK FOR MORE FORMS

ALTERNATE FORM MUST BE APPROVED BY THE JAC

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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

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

SEC 103

MONTH: _____ FROM: _____ TO: _____

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.

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) _____ X \$14.60 = \$ _____
 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	\$6.50
INSURANCE FUND	\$5.75
SUB FUND	\$0.10
WORKING DUES FUND	\$0.70
GENERAL DUES	\$0.15
TRAINING FUND	\$0.35
INT'L TR FUND	\$0.05
PIP EDU COUNCIL FUND	\$0.50
DC PENSION FUND	\$0.50
IARF FUND	\$0.00
TOTAL	\$14.60

EMPLOYERS NOT PAYING THE \$.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.50 TO THE TRAINING FUND.
 PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
 IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____
 DEPOSIT DATE: _____
 CHECK NUMBER: _____
 CHECK AMOUNT: _____
 ENTERED BY: _____

EMPLOYER: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 TELEPHONE: _____
 SIGNATURE: _____ DATE: _____

CHECK FOR MORE FORMS _____

ALTERNATE FORM MUST BE APPROVED BY THE JAC

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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

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

SEC 104

MONTH: _____ FROM: _____ TO: _____

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.

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) _____ x \$14.65 = \$ _____
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		EMPLOYERS NOT PAYING THE \$.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.50 TO THE TRAINING FUND. PLEASE CHECK HERE IF APPLICABLE: _____ TRAINING FUND IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.																					
DB PENSION FUND	\$6.50	<table border="1"><tr><th colspan="2">ADMINISTRATIVE USE ONLY</th></tr><tr><td>EMPLOYER:</td><td>_____</td></tr><tr><td>DATE RECEIVED:</td><td>_____</td></tr><tr><td>ADDRESS:</td><td>_____</td></tr><tr><td>DEPOSIT DATE:</td><td>_____</td></tr><tr><td>CITY:</td><td>_____ ST: _____ ZIP: _____</td></tr><tr><td>CHECK NUMBER:</td><td>_____</td></tr><tr><td>TELEPHONE:</td><td>_____</td></tr><tr><td>CHECK AMOUNT:</td><td>_____</td></tr><tr><td>ENTERED BY:</td><td>_____ SIGNATURE: _____ DATE: _____</td></tr></table>		ADMINISTRATIVE USE ONLY		EMPLOYER:	_____	DATE RECEIVED:	_____	ADDRESS:	_____	DEPOSIT DATE:	_____	CITY:	_____ ST: _____ ZIP: _____	CHECK NUMBER:	_____	TELEPHONE:	_____	CHECK AMOUNT:	_____	ENTERED BY:	_____ SIGNATURE: _____ DATE: _____
ADMINISTRATIVE USE ONLY																							
EMPLOYER:	_____																						
DATE RECEIVED:	_____																						
ADDRESS:	_____																						
DEPOSIT DATE:	_____																						
CITY:	_____ ST: _____ ZIP: _____																						
CHECK NUMBER:	_____																						
TELEPHONE:	_____																						
CHECK AMOUNT:	_____																						
ENTERED BY:	_____ SIGNATURE: _____ DATE: _____																						
INSURANCE FUND	\$5.80																						
SUB FUND	\$0.10																						
WORKING DUES FUND	\$0.70																						
GENERAL DUES FUND	\$0.15																						
TRAINING FUND	\$0.35																						
INT'L TR FUND	\$0.05																						
PIP EDU COUNCIL FUND	\$0.50																						
DC PENSION FUND	\$0.50																						
IARF FUND	\$0.00																						
TOTAL	\$14.65																						

ALTERNATE FORM MUST BE APPROVED BY THE JAC

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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

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

SEC 105

MONTH: _____ FROM: _____ TO: _____

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.

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) _____ x \$14.70 \$ _____
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		EMPLOYERS NOT PAYING THE \$.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.50 TO THE TRAINING FUND. PLEASE CHECK HERE IF APPLICABLE: <input type="checkbox"/> TRAINING FUND IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.	
DB PENSION FUND	\$6.50		
INSURANCE FUND	\$5.85		
SUB FUND	\$0.10		
WORKING DUES FUND	\$0.70		
GENERAL DUES FUND	\$0.15		
TRAINING FUND	\$0.35		
INT'L TR FUND	\$0.05		
PIP EDU COUNCIL FUND	\$0.50		
DC PENSION FUND	\$0.50		
IARF FUND	\$0.00		
TOTAL	\$14.70		
		ADMINISTRATIVE USE ONLY	
		EMPLOYER: _____	
		ADDRESS: _____	
		CITY: _____ ST: _____ ZIP: _____	
		TELEPHONE: _____	
		SIGNATURE: _____ DATE: _____	
		CHECK FOR MORE FORMS <input type="checkbox"/>	

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.

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

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

SEC 106

MONTH: _____ FROM: _____ TO: _____

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.

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) _____ x \$15.35 = \$ _____

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	\$6.50
INSURANCE FUND	\$6.10
SUB FUND	\$0.50
WORKING DUES FUND	\$0.70
TRAINING FUND	\$0.35
GENERAL DUES	\$0.15
INT'L TR FUND	\$0.05
PIP EDU COUNCIL FUND	\$0.50
DC PENSION FUND	\$0.50
IARF FUND	\$0.00
TOTAL	\$15.35

EMPLOYERS NOT PAYING THE \$.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

ADMINISTRATIVE USE ONLY	EMPLOYER:
DATE RECEIVED: _____	ADDRESS: _____
DEPOSIT DATE: _____	CITY: _____ ST: _____ ZIP: _____
CHECK NUMBER: _____	TELEPHONE: _____
CHECK AMOUNT: _____	<input type="checkbox"/> 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.

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

METAL TRADES PLUMBER

SEC 130

MONTH: _____ FROM: _____ TO: _____

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.
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) _____ x \$11.23 \$ _____
 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	
INSURANCE FUND	\$6.57
WORK DUES FUND	\$0.90
GENERAL DUES	\$0.10
DEF CONTRIB*	\$1.75
TRAINING FUND	\$0.61
INT'L TR FUND	\$0.05
PIP EDU COUNCIL FUND	\$0.35
IARF FUND	\$0.90*
TOTAL	\$11.23

* DURING THE INITIAL PROBATIONARY PERIOD OF 90 DAYS, DEFINED CONTRIBUTION (DC) IS NOT PAID. AFTER PROBATIONARY PERIOD ENDS, CONTRIBUTIONS TO THE DC BEGIN

EMPLOYERS NOT PAYING THE \$.35 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.35 TO THE TRAINING FUND.
 PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
 IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.35 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

ADMINISTRATIVE USE ONLY	EMPLOYER: _____
DATE RECEIVED: _____	ADDRESS: _____
DEPOSIT DATE: _____	CITY: _____ ST: _____ ZIP: _____
CHECK NUMBER: _____	TELEPHONE: _____
CHECK AMOUNT: _____	SIGNATURE: _____
ENTERED BY: _____	DATE: _____

CHECK FOR MORE FORMS _____

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.

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

SUMMER WORKER

SEC 125

MONTH: _____ FROM: _____ TO: _____

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.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	STRAIGHT TIME	OVER TIME	DOUBLE TIME	TOTAL HOURS WORKED (A)	TOTAL HOURS REPORTED
TOTAL						

TOTAL HOURS (A) _____ x \$2.30 = \$ _____

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.

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">FRINGE BENEFITS</th> </tr> </thead> <tbody> <tr> <td>WORKING DUES FUND</td> <td style="text-align: right;">\$1.00</td> </tr> <tr> <td>INT'L TR FUND</td> <td style="text-align: right;">\$0.05</td> </tr> <tr> <td>PIP EDU COUNCIL FUND</td> <td style="text-align: right;">\$0.35</td> </tr> <tr> <td>IARF FUND</td> <td style="text-align: right;">\$0.90</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">\$2.30</td> </tr> </tbody> </table>	FRINGE BENEFITS		WORKING DUES FUND	\$1.00	INT'L TR FUND	\$0.05	PIP EDU COUNCIL FUND	\$0.35	IARF FUND	\$0.90	TOTAL	\$2.30	<p>EMPLOYERS NOT PAYING THE \$.35 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.35 TO THE TRAINING FUND. PLEASE CHECK HERE IF APPLICABLE: _____ TRAINING FUND IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.35 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.</p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">ADMINISTRATIVE USE ONLY</th> <th style="width: 50%;">EMPLOYER:</th> </tr> </thead> <tbody> <tr> <td>DATE RECEIVED: _____</td> <td>_____</td> </tr> <tr> <td>DEPOSIT DATE: _____</td> <td>ADDRESS: _____</td> </tr> <tr> <td>CHECK NUMBER: _____</td> <td>CITY: _____ ST: _____ ZIP: _____</td> </tr> <tr> <td>CHECK AMOUNT: _____</td> <td>TELEPHONE: _____</td> </tr> <tr> <td>ENTERED BY: _____</td> <td>SIGNATURE: _____ DATE: _____</td> </tr> </tbody> </table>	ADMINISTRATIVE USE ONLY	EMPLOYER:	DATE RECEIVED: _____	_____	DEPOSIT DATE: _____	ADDRESS: _____	CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____	CHECK AMOUNT: _____	TELEPHONE: _____	ENTERED BY: _____	SIGNATURE: _____ DATE: _____
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CHECK AMOUNT: _____	TELEPHONE: _____																								
ENTERED BY: _____	SIGNATURE: _____ DATE: _____																								

CHECK FOR MORE FORMS _____

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.

**PLUMBERS LOCAL 98
PO BOX 159
TROY, MI 48099-0159**

PHONE: (248) 641-4988

TOLL FREE: (888) 646-8919

**THIS REPORT IS TO BE USED ONLY FOR PRINCIPALS WHO WORK WITH TOOLS OF THE TRADE.
DO NOT USE FOR JOURNEYMEN OR APPRENTICES**

WORKING PRINCIPAL

Month: _____ From: _____ To: _____

SEC 170

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 STRAIGHT TIME HOURS ONLY.

THE PRINCIPAL MUST REPORT FOR NOT LESS THAN 32 HOURS OF WORK EACH WEEK. ONLY ONE WORKING PRINCIPAL PER FORM. THIS FORM IS NOT TO BE USED FOR SALESMEN, ESTIMATORS, SUPERINTENDENTS AND OTHER SUCH SALARIED PERSONNEL. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	END OF LAST PAY PERIOD	TOTAL HOURS WORKED

FRINGE BENEFITS

MANDATORY	OPTIONAL*** WAGE REDUCTION PLAN	OPTIONAL*** DEFINED CONTRIBUTION	OPTIONAL INSURANCE ***
DB PENSION FUND \$18.20	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	Working Principal can elect single or family coverage under the Full, Standard, or Basic plans as listed on back side of form
TRAINING FUND \$1.44			
WORKING DUES FUND \$0.65			
INT'L TRAINING FUND \$0.05			
PIPING ED COUNCIL FUND \$0.52			
IARF FUND \$0.90			
TOTAL \$21.76	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS *****

TOTAL HOURS _____ X \$21.76 = \$ _____	MAKE CHECK PAYABLE TO: LOCAL 98 PO BOX 675434 DETROIT, MI 48267-5434
WAGE REDUCTION OPTION AMT \$ _____	
D/C PENSION FUND OPTION AMOUNT \$ _____	
INSURANCE PLAN OPTION AMOUNT \$ _____	
TOTAL THIS REPORT \$ _____	

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 BEING REPORTED. REMITTANCE FOR FRINGES IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK. ** SEE REVERSE SIDE

ADMINISTRATIVE USE ONLY DATE RECEIVED: _____ DEPOSIT DATE: _____ CHECK NUMBER: _____ CHECK AMOUNT: _____ ENTERED BY: _____	EMPLOYER: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ TELEPHONE: _____ SIGNATURE: _____ DATE: _____	CHECK BOX FOR MORE FORMS <input type="checkbox"/> CHECK BOX IF FINAL REPORT <input type="checkbox"/>
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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.

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL WORKING PRINCIPALS EMPLOYED OR WORKING FOR THE EMPLOYER UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE UNDERSIGNED 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 THE TERMS OF THE TRUST AGREEMENTS OF THE FUNDS, SPECIFICALLY INCLUDING PROVISIONS RELATING TO FRINGE BENEFIT FUND CONTRIBUTIONS.

MS MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE

EFF Date: 6/3/2024