PIPEFITTERS LOCAL 636

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EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS JOURNEYPERSON SEC 110 FROM: -TO: -MONTH: -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 IN WHICH THE HOURS WERE WORKED. FOR WEEKLY EMPLOYERS FUNDS ARE DUE NO LATER THAN SEVEN (7) BUSINESS DAYS AFTER THE WEEK ENDING SUBMIT DATE. REMITTANCE IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK. TOTAL WAGE REDUCTION PLAN HOURS STRAIGHT TIME NOT TO EXCEED **SOCIAL SECURITY NUMBER EMPLOYEE NAME** 40 HOURS PER WEEK WORKED HOURS (B) RATE AMOUNT (C) (A) **TOTAL** = \$ _____ WE HAVE CHANGED BANKS TOTAL HOURS (A) X 39.75 per hour MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 _____ HOURS TOTAL (C) \$ _____ WAGE REDUCTION (B) PIPEFITTERS LOCAL 636 PO BOX 675430 TOTAL THIS REPORT \$ **DETROIT, MI 48267-5430** 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. EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: TRAINING FUND IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING FRINGE BENEFITS PENSION FUND EDUCATION COUNCIL FUND \$16.50 **INSURANCE FUND - ACTIVE** \$12.35

INSURANCE FUND - RETIREE \$2.65 ADMINISTRATIVE USE ONLY DUES FUND \$1.80 EMPLOYER: DEFINED CONTRIB FUND \$2.25 DATE RECEIVED: SUB FUND \$0.70 ADDRESS: PIFT FUND \$1 10 DEPOSIT DATE: __ RETIREE & WIDOW FUND \$0.80 CITY: _____ ST: ____ ZIP: ___ INT'L TRAINING FUND \$0.10 CHECK NUMBER: PIPING ED COUNCIL FUND \$0.60 TELEPHONE: CHECK FOR IAR FUND \$0.90 MORE FORMS CHECK AMOUNT: -TOTAL \$39.75 ENTERED BY: _ SIGNATURE:_ DATE:

SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE

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 PIPEFITTERS LOCAL 636 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 PIPEFITTERS LOCAL 636 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.

Revised Date: 06/02/25