

**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**

**RESIDENTIAL WORKING PRINCIPAL**

Month: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

SEC 171

**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 optional	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 \$2.08			
GENERAL DUES \$0.40			
INT'L TRAINING FUND \$0.10			
PIPING ED COUNCIL FUND \$0.60			
IARF FUND \$0.90			
Insurance optional	\$	\$	\$
<b>TOTAL \$5.52</b>	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

**OPTIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS \*\*\*\*\***

TOTAL HOURS _____ X \$5.52	= \$ _____	<b>MAKE CHECK PAYABLE TO:</b>  <b>LOCAL 98</b> <b>PO BOX 675434</b> <b>DETROIT, MI 48267-5434</b>
WAGE REDUCTION OPTION AMT	\$ _____	
D/C PENSION FUND OPTION AMOUNT	\$ _____	
INSURANCE PLAN OPTION AMOUNT	\$ _____	
<b>TOTAL THIS REPORT</b>	<b>\$ _____</b>	

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

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

**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:** 6/2/25