

TOLL FREE: (866) 646-8919

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.

					Total Hours Worked (A)	Total Hours Reported	<u>WAGE REDUCTION PLAN</u> STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time			Straight Time (B)	Rate	AMOUNT (C)
TOTAL									

TOTAL HOURS (A) _____ x \$36.56 \$ _____

WAGE REDUCTION (B)	<u> </u>	HOURS	TOTAL (C) \$	<u> </u>
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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.

[illegible]

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.

EFF DATE	6/2/25
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