## **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 COMMERICAL (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.

					TOTAL HOURS	TOTAL	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK					
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	STRAIGHT TIME	OVER TIME	DOUBLE TIME	WORKED (A)	HOURS REPORTED	STRAIGHT TIME (B)	RATE	AMOUNT (C)			
					( 7		, ,		(-,			
	TOTAL											
TOTAL HOURS (A)	HOURS (A) \$28.73 \$			MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98 MAIL TO: PLUMBERS LOCAL 98								
WAGE REDUCTION (B) ——	HOURS TOTAL (C ) \$	- HOURS TOTAL (C) \$				PO BOX 675434 DETROIT, MI 48267-5434						
TOTAL THIS REPORT \$												
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 \$.52 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.52 TO THE TRAINING FUND.												
DB PENSION FUND \$15.20	PLEASE CHECK HERE IF APPLICABLE:	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.										
DC PENSION FUND \$0.75	II THIS IN ONWATION IS NOT COMPLETED	The state of the s										
INSURANCE FUND \$8.21												
WORKING DUES FUND \$1.53	ADMINISTRATIVE USE ONLY											
GENARAL DUES FUND \$0.35 SUB FUND \$0.15		EMPLOYER	₹:									
TRAINING FUND \$0.99	DATE RECEIVED:	ł										
INT'L TR FUND \$0.05		ADDRESS:										
PIP EDU COUNCIL FUND \$0.60	DEPOSIT DATE:	CITY:							et. ZID.			
IARF FUND \$0.90	CHECK NUMBER:	J. –							ST:ZIP:			
TOTAL \$28.73	ONEON NOMBER.	TELEPHON	IE:						CHECK FOR			
	CHECK AMOUNT:	]							MORE FORMS			
		SIGNATUR		HET DE ABOR	OVED BY TO	E IAC			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 ACREES 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: