

IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY

3445 Winton Place Suite 238 • Rochester, NY 14623-2950 • 585-424-3510

This report covers employment under the jurisdiction of **Iron Workers Local 9**

MONTHLY REMITTANCE REPORT FOR THE MONTH OF _____, 20____ PLEASE SEND MORE FORMS

Covering the payroll periods ending _____, _____, _____, _____

IMPORTANT: REMITTANCE REPORTS ARE DUE THE 15TH OF THE FOLLOWING MONTH

Fringe Benefits contributions are required for work performed in the jurisdiction of Local 9 for all hours worked

Use this form for Apprentices ONLY

Employee Name	Social Security #	Savings	Hours	Pension Rate /Hour	Pension Contribution
1 st Year Apprentices (0%)				N/A	
2 nd Year Apprentices (70%)				\$6.90	
3 rd Year Apprentices (80%)				\$7.88	
4 th Year Apprentices (90%)				\$8.87	
Totals					

SUPPLEMENTAL/ WELFARE Eff 5/1/17 _____ HRS AT \$9.75P/HR Pension Eff 5/1/17 See rates above \$ _____ IWECT Eff 7/1/03 _____ HRS At \$0.60 P/HR \$ _____ I. A. P. Eff 7/1/97 _____ HRS AT \$0.07 P/HR \$ _____ <div style="text-align: right;">Check Total \$ _____</div>	<p style="text-align: center;">Send One Copy & One Check Made Payable To: IRON WORKERS DISTRICT COUNCIL OF WNY 3445 Winton Place, Suite 238 Rochester, NY 14623-2950</p>
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Send Copy and Separate Checks for Each Fund payable as Indicated To:			
Apprentice Training Fund Eff 7/1/03 _____ Hrs @ \$0.40 P/HR \$ _____ Local 9 Dues Assessment Eff 5/1/17 _____ Hrs @ \$2.88 P/HR \$ _____ Local 9 Savings (Deducted from wages. Only at Member's Request) _____ Hrs @ 2.00 P/HR \$ _____ <div style="text-align: right;">Check Total \$ _____</div>	<p style="text-align: center;">Send One Copy & One Check Made Payable To: Iron Workers Local 9 Construction Industry Funds Niagara's Choice Federal Credit Union 3619 Packard Rd Niagara Falls, NY 14303</p>		

The undersigned Employer subscribes and agrees to become bound by the terms and conditions of the Agreements and Declarations of Trust creating the Iron Workers District Council of Western New York and Vicinity Pension and Welfare Funds, and any Amendments thereof and any Policies adopted thereunder and authorizes, ratifies and accepts the appointment of the Employer Trustees and the successors as full and completely as if made by the undersigned and agrees to make the contributions required by the prevailing area bargaining agreement between the union contractors of the area and the Union representing the employees listed herein. The Employer also certifies that none of the persons listed herein is a sole proprietor, partner or self-employed individual.

Name of Firm _____ **Officer of Firm** _____

Address _____

Submitted by _____ **Title** _____ **Date** _____

Project Name(s) _____