IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY WELFARE FUND AND PENSION FUND

3445 Winton Place, STE 110•Rochester, NY 14623-2950•585-424-3510

This report covers employment under the jurisdiction of **Iron Workers Local 12**

COMBINED MONTHLY REMITTANCE REPORT _____, 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 12 for all hours worked

Use this form Journeymen ONLY

Employee Name First & Last Name	Social Security #	Hours
Totals		

SEND ORIGINAL AND CHECK MADE PAYABLE TO:

PENSION	Eff 5/01/11	_____HRS At $2.07 P/HR	$
ANNUITY	**Eff 5/01/14**	_____HRS AT $3.25 P/HR	$
Upstate Employers	Eff 7/1/03	_____Hrs AT $0.07 P/HR$	_____
		Check Total	$

IRON WORKERS DISTRICT COUNCIL OF WESTERN NY
3445 Winton Place, STE 110
Rochester, NY 14623-2950

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** _____

TO OBTAIN ADDITIONAL FORMS, GO TO WWW.IRONWORKERSDCWNY.COM