

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 33**

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 33 for all hours worked

Employee Name	Social Security #	Gross Wages	Welfare Hours	Pension Hours
Use this form for Journeymen Only				
Totals				

SEND ORIGINAL AND ONE CHECK MADE PAYABLE TO:

WELFARE	EFF 5/1/13	_____ HRS AT \$7.90 P/HR	\$ _____	IRON WORKERS DISTRICT COUNCIL OF WESTERN NY 3445 Winton Place, STE 110 Rochester, NY 14623-2950
PENSION	EFF 5/1/11	_____ HRS AT \$8.50 P/HR	\$ _____	
IWECT	EFF 5/1/09	_____ HRS AT \$1.80 P/HR	\$ _____	
IAP	EFF 7/1/99	_____ HRS AT \$0.07 P/HR	\$ _____	
Medical Sup/ Annuity	EFF 5/1/10	_____ HRS AT \$4.34 P/HR	\$ _____	
Check Total			\$ _____	

SEND COPY AND A SEPARATE CHECK FOR EACH FUND PAYABLE AS INDICATED TO:

DUES	EFF 5/1/12	6% OF GROSS WAGES	\$ _____	IRON WORKERS LOCAL 33 154 HUMBOLDT ST ROCHESTER, NY 14610
PAYABLE TO: IRON WORKERS LOCAL 33				
NOTE: All Dues and Apprentice monies are to be paid by the 15th of the following month				
TRAINING FUND	EFF 5/1/08	_____ HRS AT \$	\$0.55P/HR _____	
PAYABLE TO: Iron Workers Local 33 Training Fund				

List project names:

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

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