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.

USE THIS FORM FOR JOURNEYMEN ONLY

Employee Name		Social Sec	ıritv #	Gross Wages	Hours Worked	
F)						
				Totals		
SEND ORIGINAL AND ONE CHECK MADE PAYABLE TO:						
Welfare	Eff 5/1/14		\$		ERS DISTRICT COUNCI	
Pension	Eff 5/1/14		\$		3445 Winton Place, Suit	
IWECT IAP	Eff 5/1/09		\$		Rochester, NY 14623-	2950
Medical Supplemental	Eff 7/1/99	HRS AT \$0.07 P/HR	Φ			
Annuity	Eff 5/1/10	HRS AT \$4.34 P/HR	\$			
		Check Total	\$			
SEND COPY AND (2) SEPARATE CHECKS MADE PAYABLE TO EACH FUND AS INDICATED BELOW:						
DUES Eff 5/1/12 6% of gross wages \$ IRON WORKERS LOCAL 33						AS LOCAL 33
Payable to: Iron Workers Local 33				154 Humboldt St.		
					Rochester, N	Y 14610
NOTE: All Dues and Apprentice monies are to be paid by the 15 th of the following month.						
TRAINING FUND Eff 5/1/08HRS AT \$0.55 P/HR \$						
Payable to : Iron Workers Local 33 Training Fund						
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. Officer of Firm _____ Name of Firm _____ Address Submitted by Title Date

Project Name(s)

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