## 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 440** 

MONTHLY REMITTANO Covering the payroll peri IMPORTA	CE REPORT FOR	THE MONTH O		20	PLEAS	E SEND MORE FORMS
IMPORTA Fringe Benefits contribution	NT: REMITT	TANCE REPORT WORK performed	RTS ARE DUE TH in the jurisdiction of Lo	HE 15TH OF ocal 440 for all 1	THE FOLLO	OWING MONTH
Employee Name		Home	Social Security	D.	Hours	
		Local	#	Dues	Worked	Annuity Contribution
Use this form for Journeymen ONLY						
						,
			Totals			
			10001			
SEND ORIGINAL ANI	ONE CHECK	MADE PAYAE	BLE TO:			
WELFARE Eff 5/1/13	<del></del>					
PENSION Eff 5/1/11 IWECT Eff 5/1/10		_HRS AT \$9.11 P/F		3445 Winton Place, STE 110  Rochester, NV, 14623-2950		
I. A. P. Eff 7/1/97						
Suppl/Annuity Eff. 5/1/11		 _HRS AT \$5.50 P/I	HR \$			
GEND CODY AND (2)	CEDADATE C	Check Total	\$	VDAVADIE	TO LOCAL A	40. A G INIDIO A TED TO
Local 440 A & E Fund		HECKS FOR E		W PAYABLE		40 AS INDICATED TO:
	— I Toll Workers Local 440					
Local 440 Dues Assessment	al 440 Dues Assessment Eff 11/1/09 7% of gross wages \$			801 Varick Street Utica, NY 13502		
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 of	Firm		
Address						
Submitted by			Title			nte
TOO	DBTAIN ADD	ITIONAL FOI	RMS, GO TO WW	W.IRONWO	RKERSDCV	VNY.COM