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

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

This report covers employment under the jurisdiction of Iron Workers Local 440

MONTHLY REMITTANCE REPORT FOR THE MONTH OF \_\_\_\_\_, 20\_\_\_\_ PLEASE SEND MORE FORMS Covering the payroll periods ending \_\_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_

**IMPORTANT**: REMITTANCE REPORTS ARE DUE THE 15<sup>th</sup> OF THE FOLLOWING MONTH Fringe Benefits contributions are required for work performed in the jurisdiction of Local 440 for all hours worked

Use this form for Journeymen ONLY

Employee Name	Social Security #	Gross Wages	Hours Worked

Send Original and One Check Made Payable To:							
Welfare	Eff 5/1/15 _	HRS AT \$7.70 P/HR	\$	IRON WORKERS DISTRICT COUNCIL OF WNY			
Pension	Eff 5/1/15 _	HRS AT \$9.41 P/HR	\$	3445 Winton Place, Suite 238 Rochester, NY 14623-2950			
IWECT	Eff 5/1/10 _	HRS AT \$1.25 P/HR	\$				
I. A. P.	Eff 7/1/97 _	HRS AT \$0.07 P/HR	\$				
Suppl/Annuity	Eff. 1/1/15 _	HRS AT \$6.28 P/HR	\$				
		Check Total	\$				
Send Copy and (2) Separate Checks for Each Fund Below Payable to Local 440 as Indicated To:							
Local 440 A & E Fund	Eff 1/1/1	5 Hrs @ \$.85 P/HR	\$	Iron Workers Local 440 801 Varick Street			
Local 440 Dues Assessment	Eff 11/1/0	09 7% of gross wages	\$	Utica, NY 13502			

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)

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