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	
	yroll periods ending		,			
		EMITTANCE REPORTS red for work performed in the ju			E FOLLOWING MONTH	
rinige Benefits Co	onurbutions are requi	Use this form f			iis workeu	
Emp	loyee Name	Social Security		ross Wages	Hours Worked	
Emp	loyee Name	Social Security	# UI	.uss wages	Hours worked	
						
					<u></u>	
				Totals		
	and One Check Ma		_			
Welfare	Eff 5/2/16	_HRS AT \$8.00 P/HR	\$	IRON WOR	IRON WORKERS DISTRICT COUNCIL OF WNY 3445 Winton Place, Suite 238 Rochester, NY 14623-2950	
Pension	Eff 5/2/16	_HRS AT \$9.71 P/HR	\$			
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	•			
Suppl/1 diffully	EII. 1/1/13		Φ			
Sand Cany and	(2) Canavata Chaa	Check Total	\$	al 440 as Indicated	То	
Local 440 A & E	(2) Separate Cnec Eff 1/1/15	ks for Each Fund Below Pay	s LOC	ai 440 as muicated	Iron Workers Local 440	
Fund	EH 1/1/13	Hrs @ \$.85 P/HR	Ψ	-	10 Main Street, Suite 100 Whitesboro, NY 13492	
Local 440 Dues	Eff 11/1/09	7% of gross wages	\$	_		
Assessment						
The undersigned Er	nployer subscribes and	agrees to become bound by the ter	ms and conditi	ions of the Agreements	and Declarations of Trust creating the Iron Worker	
District Council of	Western New York and	Vicinity Pension and Welfare Fund	ls, and any Ame	endments thereof and an	y Policies adopted thereunder and authorizes, ratifie	
					te undersigned and agrees to make the contribution esenting the employees listed herein. The Employe	
		herein is a sole proprietor, partner of			and employees used notem. The Employee	
Name of Firm			Officer	of Firm		
Address				-		
Submitted by			Title		Date	
•						
Project Name(s) _						