# IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY

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 15th 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 |
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Send Original and One Check Made Payable To:

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|---|---|---|---|---|
| Welfare | **Eff 5/1/17** | _____HRS AT $8.30 P/HR | $_____ | **IRON WORKERS DISTRICT COUNCIL OF WNY** 3445 Winton Place, Suite 238 Rochester, NY 14623-2950 |
| Pension | **Eff 5/1/17** | _____HRS AT $10.01 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 | $_____ | |
| | | 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 1/1/15 | ____ Hrs @ $.85 P/HR | $_____ | **Iron Workers Local 440** 10 Main Street, Suite 100 Whitesboro, NY 13492 |
| Local 440 Dues Assessment | Eff 11/1/09 | 7% of gross wages | $_____ | |

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