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 9

COMBINED MONTHLY REMITTANCE REPORT _____, 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 9 for all hours worked.

USE THIS FORM FOR JOURNEYMEN ONLY

Employee Name	Social S	Security #	Savings	Hours Worked
		Totals		

Welfare Eff 5/1/17 HRS AT \$9.30 P/HR \$	Annuity/ SBF IWECT	I7 HRS AT \$9.85 P I7 HRS AT \$5.00 P I3 HRS AT \$1.75 P 97 HRS AT \$0.07 P	N WORKERS DISTRICT COUNCIL OF WN 5 Winton Place, Suite 238	\$ \$ \$ \$ \$	
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Apprentice Training Fund	Eff 5/1/17	HRS	@ \$1.25 P/HR	\$	Send Copy & One Check Made Payable To:
Local 9 Dues Assessment	Eff 5/1/17	HRS	@ \$2.88 P/HR		IRON WORKERS LOCAL 9
Local 9 Savings (Deducted from		HRS	@ \$2.00 P/HR	\$	Construction Industry Fund
wages. Only at Member's Request)			Check Total	\$	Niagara's Choice Federal Credit Union
a a and a strequest,			chiefen Fotal	Ŷ	3619 Packard Rd
					Niagara Falls, NY 14303

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