IRON WORKERS LOCAL NO. 12 FRINGE BENEFIT FUNDS

Telephone # (518) 434-1206

890 Third Street Albany, New York 12206

Fax # (518) 434-3466

REMITTANCE REPORT

[For - Iron Workers Local 12 Pension Fund, Iron Workers Local 12 Health Fund, Iron Workers Local 12 Joint Training & Education Fund, Iron Workers Local 12 Union and Employers Cooperative Trust, Iron Workers District Council of Western NY Pension Fund, Iron Workers District Council of Western NY Annuity Fund and Upstate New York District Council of Iron Workers and Employers Cooperative Trust]

COMPLETE BELOW OR ATTACH COMPARABLE PAYROLL DATA

Covering the period of	, 20 JOB LOC	ATION
EMPLOYEE NAME FIRST & LAST NAME	SOCIAL SECURITY #	HOURS WORKED
TOTAL HOU	JRS REPORTED	
*** <u>I</u>	OO NOT REPORT APPRENTICES ON TH	IIS FORM ***
Supp. Pension [\$12.33] Health [\$6.40] Training & Education [\$0.96] I.W.E.C.T [\$1.30] Work Assessment [\$1.50] Please make check payable to: Mail form and check for above amount to:	hours @ \$22.49 per hour = Iron Workers Local No. 12 Fringe Ben 890 Third Street, Albany, NY 12206	
Pension [\$2.12] Annuity [\$3.45] Upstate Employers: [\$0.07] Please make check payable to: Mail form and check for the above amount to:	Iron Workers District Council of W	Check Total Vestern NY ster, NY 14623-2950
that if is bound by the terms and conditions of a C	ifed on this report, together with any restate ratifies and accepts the appointment of the E is listed on this report is a sole proprietor, par	
Company Name		Company Officer
Address	Telephone#	FAX #
Submitted By	Title	Date
[Doc 05/01/16-04/30/2017]		Pageof