IRON WORKERS LOCAL NO. 12 FRINGE BENEFIT FUNDS

PO Box 5817

Telephone # (855)-210-1649

Wallingford, CT 06492 **REMITTANCE REPORT**

Fax # (203)-284-8656

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 LOCATION _____

EMPLOYEE NAME FIRST & LAST NAME	SOCIAL SECURITY #	HOURS WORKED
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www.ender		······································
TOTAL HO	URS REPORTED	
TOTAL HO	UKS KEFORTED	
Supp. Pension [\$12.83] Health [\$6.50]	DO NOT REPORT APPRENTICES ON '	
Training & Education [\$1.01] I.W.E.C.T [\$1.30] Work Assessment [\$1.52]	hours @ \$23.16 per hour	= \$Check Total
Please make check payable to: Mail form and check for above amount to;	Iron Workers Local No. 12 Fringe Be PO Box 5817 Wallingford, CT 06492	nefit Funds
Pension [\$2.22] Annuity [\$3.50] Upstate Employers: [\$0.07]	hours Ø \$5.79 per hour =	= \$ Check Total
Please make check payable to: Mail form and check for the above amount to:	Iron Workers District Council of V 3445 Winton Place, Ste. 238, Roch	
at if is bound by the terms and conditions of a C d Declarations of Trust of the Funds identif	Collective Bargaining Agreement with Iron W ied on this report, together with any restate ratifies and accepts the appointment of the E	d and Union identified on this report, the Employer agrees forkers Local Union No. 12 ("Union") and the Agreements ements or amendments thereto and any policies adopted imployer Trustees and their successors as if made by the entner or self-employed individual.
ompany Name	Federal ID#	Company Officer
Idress	Tetephone#	FAX #
bmitted By	Title	Date

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Submitted By

(Doc 05/01/17-04/30/2018)