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 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 Security #	Savings	Hours Worked
	Totals		

Welfare	**Eff 5/2/16**	_____HRS AT $9.00 P/HR	$_____	**Send Copy & One Check Made Payable To:**
Pension	**Eff 5/2/16**	_____HRS AT $9.55 P/HR	$_____	IRON WORKERS DISTRICT COUNCIL OF WNY
Annuity/ SBF	**Eff 5/2/16**	_____HRS AT $4.50 P/HR	$_____	3445 Winton Place Suite 238
IWECT	Eff 5/1/13	_____HRS AT $1.75 P/HR	$_____	Rochester, NY 14623-2950
I. A. P.	Eff 7/1/97	_____HRS AT $0.07 P/HR	$_____	
		Check Total	$_____	

Apprentice Training Fund	**Eff 5/2/16**	_____HRS	@ $1.23 P/HR	$_____	**Send Copy & One Check Made Payable To:**
Local 9 Dues Assessment	**Eff 5/2/16**	_____HRS	@ $2.81 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
					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