

# IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY

This report covers employment under the jurisdiction of: **Iron Workers Local 33**

Monthly Remittance Reporting for the Month of \_\_\_\_\_, 20\_\_\_\_\_

Please send more forms

Covering the payroll periods ending: 

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**IMPORTANT: REMITTANCE REPORTS ARE DUE THE 15<sup>th</sup> OF THE FOLLOWING MONTH**  
**Use this form for Journeymen Only**

Fringe Benefits contributions are required for work performed in the jurisdiction of Local 33 for all hours worked

Employee Name	Social Security #	Gross Wages	Hours Worked
<b>Totals</b>			

**SEND ORIGINAL AND ONE CHECK MADE PAYABLE TO:**

Welfare	Eff. 7/1/22	_____ Hours @ \$12.10 per/hour	\$ _____	<b>Iron Workers District Council of Western NY &amp; Vicinity</b> 3445 Winton Place, Suite 238 Rochester, NY 14623 Phone: (585) 424-3510 Fax: (585) 424-3722
Pension	Eff. 7/1/22	_____ Hours @ \$10.60 per/hour	\$ _____	
IWECT	Eff. 7/1/22	_____ Hours @ \$2.33 per/hour	\$ _____	
IAP	Eff. 7/1/22	_____ Hours @ \$0.04 per/hour	\$ _____	
Annuity/ Supplemental	Eff. 7/1/22	_____ Hours @ \$4.54 per/hour	\$ _____	
<b>Check Total</b>			<b>\$ _____</b>	

**SEND COPY AND A SEPARATE CHECK FOR EACH FUND PAYABLE AS INDICATED TO:**

Dues: (Eff. 5/1/12) 6% of Gross Wages \$ _____	<b>Iron Workers Local 33</b> 650 Trabold Rd Rochester, NY 14624 www.ironworkers33.org
<b>PAYABLE TO: Iron Workers Local 33</b> _____ \$ _____	
Training Fund (Eff. 5/1/16) _____ Hours at \$1.40 per/hour _____ \$ _____	<b>NOTE:</b> All dues, apprentice, and building fund monies are to be paid by the 15 <sup>th</sup> of the following month.
<b>PAYABLE TO: Iron Workers Local 33 Training Fund</b>	

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** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Submitted by:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Project Name(s)** \_\_\_\_\_