	APPRENTIC	E REPORTING	FORM - Jul	v 1, 2022	
		Local 60 - 500 West Ger			
(tel) 315-422-8200 (fax) 315-478-2630 Monthly Remittance Report, Period Ending					
Contributions paid on hours worked <					
Contributions paid on hours worked >		e rounded up			
Fringe reports to be filed on a monthly EMPLOYEE NAME	SOCIAL SECURITY #	RATE	YEAR	HOURS	GROSS WAGES
		L			
			TOTALS		
BENEFITS:	TOTAL HOURS X \$11.03 =				Payable to:
DUES ASSESMENT:	5.00% OF GROSS WAGES	=			Iron Workers Local 60
EDUCATION & TRAINING:	TOTAL HOURS X \$0.75 =				500 West Genesee Street
TOTAL FOR THESE THREE FUNDS = Syracuse, NY 13204					Syracuse, NY 13204
PENSION: Add hour totals for Apprentice hours by year in red box Payable To:					Payable To:
1st YEAR	No Contribution				IWDC Of WNY & Vicinity
2nd YEAR	Total Hours x \$8.05				3445 Winton Place, Suite 238
3rd YEAR	Total Hours x \$9.20				Rochester, NY 14623-2950
4th YEAR	Total Hours x \$10.35				_
ΙΑΡ	Total Hours x \$0.04	=			4
	TOTAL FOR PENSION	=			
The undersigned employer subscribes and agrees to					
and any amendments thereof and authorizes and accepts the appointment of the Employer Trustees and their successors as fully and completely as if made by the undersigned and agrees to make the contributions required by the prevailing 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 propritor, partner, or self employed individual.					
NAME OF FIRM OFFICER					
ADDRESS TELEPHONE					