

JOURNEYMAN REPORTING FORM - July 1, 2022

Iron Workers Local 60 - 500 West Genesee St., Syracuse, NY 13204

(tel) 315-422-8200 (fax) 315-478-2630

Monthly Remittance Report, Period Ending

Contributions paid on hours worked < 1/2 hour should be rounded down.
 Contributions paid on hours worked >1/2 hour but < 1 hour should be rounded up.
 Fringe reports to be filed monthly basis, per contract.

| EMPLOYEE NAME | SOCIAL SECURITY # | HOURS | GROSS WAGES |
|---------------|-------------------|-------|-------------|
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| | TOTALS | | 0.00 | \$0.00 |
| BENEFITS: | TOTAL HOURS X \$18.08 | = | | Payable to: Iron Workers Local 60 500 West Genesee Street Syracuse, NY 13204 |
| DUES ASSESMENT: | 5.00% OF GROSS WAGES | = | | |
| EDUCATION & TRAINING: | TOTAL HOURS X \$0.95 | = | | |
| | TOTAL FOR THESE THREE FUNDS | = | | |

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|-----------------|--------------------------|---|--|---|
| PENSION: | Total Hours x \$11.50 | = | | Payable To: IWDC Of WNY & Vicinity 3445 Winton Place Suite 238 Rochester, NY 14623-2950 |
| IAP | Total Hours x \$0.04 | = | | |
| | TOTAL FOR PENSION | = | | |

The undersigned employer subscribes and agrees to become bound by the terms and conditions of the Agreement & Declaration of Trust creating the Iron Workers Local 60 Funds 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 proprietor, partner, or self employed individual.

NAME OF FIRM _____ **OFFICER** _____

ADDRESS _____ **TELEPHONE** _____

SUBMITTED BY _____ **TITLE** _____ **DATE** _____