IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY

This report covers employment under the jurisdiction of: Iron Workers Local 440

Monthly Remittance Reporting for the Month of: ______, 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 440 for all hours worked

Use this form for APPRENTICES Only

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Employee Name	Social Security #	Gross Wages	Hours	Rate per hour	Pension Contributions
1 st Year Apprentices (1-1500 hours - 0%)	-			N/A	N/A
				N/A	N/A
				N/A	N/A
				N/A	N/A
2 nd Year Apprentices (1501-3000 hours - 70%)		•		\$8.37	
Ord Maar Appropriate (2004, 4500 hours - 200()				<u>фо г</u>	
3 rd Year Apprentices (3001-4500 hours - 80%)		[\$9.57	
4th Year Apprentices (4501-6000 hours - 90%)				\$10.76	
				<i></i>	
	Totals				
SEND ORIGINAL AND ONE CHECK MADE PAYABLE TO:					
			_ 10.		
Welfare Eff. 7/1/24Hours @ \$12	-				ern NY & Vicinity
			ton Place, Suite		
			ester, NY 14623 e: (585) 424-351		
IAP Eff. 7/1/22 Hours @ \$0.04 per/					
	Total \$				
	•••••••••• <u> </u>				
SEND COPY AND A SEPARATE CHECK FOR EACH FUND PAYABLE AS INDICATED TO:					
Dues: (Eff. 7/1/03) 4.5% of Gross Wages \$					
				ain Street, Suite 100	
A & E Fund: (Eff. 7/1/2024) Hours at \$0.48 Pe	*/hour \$		Whit	esboro, NY 1349	2
PAYABLE TO: Iron Workers Local 440 A & E Fund					
NOTE: All dues and A & E fund monies are to be paid					
			th of the follo		
The undersigned Employer subscribes and agrees to beco	me hound by the term	s and conditions of the	Varoomonte or	d Doclarations of 1	Trust creating the Iron
Workers District Council of Western New York and Vicini	ty Pension and Welfar	e Funds. Any Amendm	ents thereof a	nd any Policies ad	opted thereunder and
authorizes ratifies and accepts the appointment of the Emp to make the contributions required by the prevailing area					
employees listed herein. The Employer also certifies that r					
Name of Firm	O	fficer			
Address					
Submitted by:	Ti	tle	Date		

Project Name(s)

TO OBTAIN ADDITIONAL FORMS, GO TO WWW.IRONWORKERSDCWNY.COM Effective July 1, 2024