

IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY

This report covers employment under the jurisdiction of: **Iron Workers Local 9**

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 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			

SEND ORIGINAL AND ONE CHECK MADE PAYABLE TO:

Welfare	Eff. 7/1/24	_____ Hours @ \$12.55 per/hour	\$ _____	Iron Workers District Council of Western NY & Vicinity 3445 Winton Place, Suite 238 Rochester, NY 14623 Phone: (585) 424-3510 Fax: (585) 424-3722
Pension	Eff. 7/1/24	_____ Hours @ \$11.40 per/hour	\$ _____	
IWECT	Eff. 7/1/24	_____ Hours @ \$1.81 per/hour	\$ _____	
IAP	Eff. 7/1/22	_____ Hours @ \$0.04 per/hour	\$ _____	
Annuity/ Supplemental	Eff. 7/1/24	_____ Hours @ \$6.33 per/hour	\$ _____	
Check Total			\$ _____	

SEND COPY AND ONE CHECK MADE PAYABLE TO:

Apprentice Training Fund: (Eff. 7/1/22) _____ Hours at \$1.60 per/hour	\$ _____	Iron Workers Local 9 Construction Industry Fund Niagara's Choice Federal Credit Union 3619 Packard Road Niagara Falls, NY 14303
Dues: (Eff. 7/1/24) _____ Hours at \$3.25 per/hour	\$ _____	
Local 9 Savings Plan: _____ Hours at \$2.00 per/hour (Deducted from wages. Only at member's request.)	\$ _____	
Total	\$ _____	

NOTE: All dues, training fund, and saving plan monies are to be paid by the 15th of the following month.

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) _____

TO OBTAIN ADDITIONAL FORMS, GO TO WWW.IRONWORKERSDCWNY.COM