## **IRON WORKERS LOCAL NO. 12 FRINGE BENEFIT FUNDS**

Telephone # (203)-949-3225

[Doc 07/01/25 - 06/30/2026]

PO Box 5817 Wallingford, CT 06492

Fax # (203)-284-8656

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## **REMITTANCE REPORT**

[For - Iron Workers Local 12 Pension Fund, Iron Workers Local 12 Health Fund, Iron Workers Local 12 Joint Training & Education Fund, Iron Workers Local 12 Union and Employers Cooperative Trust, Iron Workers District Council of Western NY Annuity Fund and Upstate New York District Council of Iron Workers and Employers Cooperative Trust]

## COMPLETE BELOW OR ATTACH COMPARABLE PAYROLL DATA

EMPLOYEE NAME	SOCIAL SECURITY #	HOURS WORKED
FIRST & LAST NAME		
TOTAL H	OURS REPORTED	
*	**DO NOT REPORT APPRENTICES ON T	HIS FORM ***
Supp. Pension [\$14.28]	DO NOT REPORT IN THE VITEES ON THE	
Health [\$6.50]		
Training & Education [\$2.90] I.W.E.C.T [\$2.26]	hours @ \$28.59 per hour =	= \$ Check Total
Work Assessment [\$2.65]		
Please make check payable to:	Iron Workers Local No. 12 Fringe Ben	afit Funds
Mail form and check for above amount to:	PO Box 5817 Wallingford, CT 06492	Cit Fulus
Pension [\$3.23]		
Annuity [\$5.00] Upstate Employers: [\$0.04]	hours @ \$8.27 per hour =	\$ Check Total
J		
Please make check payable to:  Mail form and check for the above amount	Iron Workers District Council of W to: 3445 Winton Place, Ste. 238, Roche	
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		l and Union identified on this report, the Employer agrees orkers Local Union No. 12 ("Union") and the Agreements
and Declarations of Trust of the Funds idea	ntified on this report, together with any restates	ments or amendments thereto and any policies adopted
	es, ratifies and accepts the appointment of the En rsons listed on this report is a sole proprietor, par	mployer Trustees and their successors as if made by the tree or self-employed individual.
Company Name		Company Officer
Address	Telephone#	FAX #
Submitted By	Title	Date