## IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY

This report covers employment under the jurisdiction of: Iron Workers Local 33

Monthly Remittance Reporting for the Month of: \_\_\_\_\_\_, 20\_\_\_\_\_, Please send more forms

Covering the payroll periods ending:

## **IMPORTANT**: REMITTANCE REPORTS ARE DUE THE 15<sup>th</sup> OF THE FOLLOWING MONTH Fringe Benefits contributions are required for work performed in the jurisdiction of Local 33 for all hours worked

## Use this form for *APPRENTICES* Only

	Employee Name		Social Security	# Gro	ss Wages	Hours	Pension Rate per hour	Pension Contributions
1 <sup>st</sup> Year Ap	prentices (0%)						N/A	N/A
							N/A	
							N/A	
							N/A	
2 <sup>nd</sup> Year A	pprentices (70%)						\$6.79	
Ord Veen Ar	(0.00)						<b>ФТ ТС</b>	
3 <sup>rd</sup> Year Ap	oprentices (80%)						\$7.76	
Δ <sup>th</sup> Vear Δr	prentice (90%)						\$8.73	
							ψ0.75	
			Tot	als				
		_	ND ORIGINAL AND O	NE CHECK M		E 10:		
Welfare Eff. 7/1/18 Hours @ \$10.00 per/hour \$_				\$	Iron Workers District Council of Western NY & Vicinity			
Pension	Eff. 7/1/18 See Rates Listed Above \$			\$	Dechaster NV 14622			
IWECT	Eff.7/1/03	Eff.7/1/03 Hours @ \$0.60 per/hour \$_						
IAP	Eff. 7/1/97	Hours @	\$0.07 per/hour	\$			(585) 424-35 (585) 424-372	
				\$		1 404	(000) 12 1 01 2	_
			Total	Ψ				
	SEND C	OPY AND A S	EPARATE CHECK	FOR EACH	FUND PAYA	BLE AS IND	CATED TO:	
Dues: (Eff. 5/	(1/12) 6% of Gross V	Vages	\$			luar 1		22
PAYABLE TO: Iron Workers Local 33					Iron Workers Local 33 154 Humboldt Street Rochester, NY 14610			
Training Fund (Eff. 5/1/16)Hours at \$0.60 Per/hour \$								
-								
PATABLE	O: Iron Workers Local	SS Training FL	\$		NOTE: A	Il dues, appr	entice, and build	ina fund monies
			Total				5 <sup>th</sup> of the following	
The second sectors						A		Transformation that has
Workers Distri authorizes, rat	ict Council of Western I tifies and accepts the a	New York and V ppointment of the transformed set of the term of te	b become bound by the ficinity Pension and We he Employer Trustees a	Ifare Funds, a and the succes	and any Amend ssors as full an	ments thereof a d completely a	and any Policies a s if made by the u	dopted thereunder an ndersigned and agree
			g area bargaining agre that none of the persor					
Name of Fir				Officer	, -,	•		
Address								<u> </u>
Submitted b				Title		Date		

Project Name(s)