# 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 15th OF THE FOLLOWING MONTH

**Use this form for Journeymen Only**

Fringe Benefits contributions are required for work performed in the jurisdiction of Local 33 for all hours worked

| Employee Name | Social Security # | Gross Wages | Hours Worked |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Totals | | |

**SEND ORIGINAL AND ONE CHECK MADE PAYABLE TO:**

| | | | |
|---|---|---|---|
| Welfare | **Eff. 7/1/26** | _____Hours @ $13.16 per/hour | $_____ |
| Pension | **Eff. 7/1/26** | _____Hours @ $11.30 per/hour | $_____ |
| IWECT | **Eff. 7/1/26** | _____Hours @ $1.87 per/hour | $_____ |
| IAP | **Eff. 7/1/22** | _____Hours @ $0.04 per/hour | $_____ |
| Annuity/ Supplemental | **Eff. 7/1/26** | _____Hours @ $4.79 per/hour | $_____ |
| | | **Check Total** | **$**_____ |

**Iron Workers District Council of Western NY & Vicinity**
3445 Winton Place, Suite 238
Rochester, NY 14623
Phone: (585) 424-3510
Fax: (585) 424-3722

**SEND COPY AND A SEPARATE CHECK FOR EACH FUND PAYABLE AS INDICATED TO:**

Dues: (Eff. 5/1/12) 6% of Gross Wages $_____

**PAYABLE TO: Iron Workers Local 33**

$_____

**Iron Workers Local 33**
**650 Trabold Rd**
**Rochester, NY 14624**
**www.ironworkers33.org**

Training Fund (Eff. 7/1/26) _____Hours at $2.29 per/hour

$_____

**NOTE:** All dues, apprentice, and building fund monies are to be paid by the 15th of the following month.

**PAYABLE TO: Iron Workers Local 33 Training Fund**

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)** _____