

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:

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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 440 for all hours worked.

Use this form for Journeymen Only

Employee Name	Social Security #	Gross Wages	Hours Worked
Totals			

SEND ORIGINAL AND ONE CHECK MADE PAYABLE TO:

Welfare	Eff. 7/1/26	_____Hours @ \$11.15 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. 7/1/26	_____Hours @ \$12.26 per/hour	\$_____	
IWECT	Eff. 7/1/26	_____Hours @ \$1.57 per/hour	\$_____	
IAP	Eff. 7/1/22	_____Hours @ \$0.04 per/hour	\$_____	
Annuity/ Supplemental	Eff. 7/1/26	_____Hours @ \$8.00 per/hour	\$_____	
Check Total			\$_____	

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

Dues Assessment: (Eff. 11/1/09)	7% of Gross Wages	\$_____	Iron Workers Local 440 10 Main Street, Suite 100 Whitesboro, NY 13492	
PAYABLE TO: Iron Workers Local 440 Dues Assessment				
A & E Fund: (Eff. 07/01/26)	_____Hours at \$1.16 Per/hour	\$_____		
PAYABLE TO: Iron Workers Local 440 A & E Fund				

NOTE: All dues and A & E 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. Any Amendments thereof and any Policies adopted thereunder and authorizes ratifies and accepts the appointment of the Employer Trustees and the successors as fully 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	_____
Project Name(s)	_____	Date	_____