Pageof		APPRENTICE FORM - July 1, 2018			4 m pri er tot 14 d. vid. 14 de 14 pp 2 m 1 pp 1 m 1		
		on Workers L#60-500 W. Genesee St., Syracuse, NY 13204					
		(tel)315 422-8209 (fax)315 478-2630					
Mo.Remittance Report, Period ending							
Contributions paid on hours worked, Less than 1/2 hr. should be rounded down.  1/2 hr. or more should be rounded up. Fringe reports to be filed on a monthly basis, per contract.							
EMPLOYEE NA		SOCIAL SECURITY		YEAR	HOURS	GROSS WAGES	
EMIFLOTEL NAI	AIL	SOCIAL SECONT	# ICATE	TEAN	HOOKO	011000 1111020	
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	***************************************						
	4000,000,000						
			TOTALS				
BENEFITS:		urs X \$9.75			Pavable to	Payable to: IRON WORKERS L#60	
DUES ASSESSMENT:		Gross Wages				500 West Genesee St.	
ED. & TRAINING:		urs X \$0.75	=			Syracuse, NY 13204	
TOTAL FOR THESE 3 FUNDS =							
				entering for the state of the s	College of the second and the second		
PENSION:						Payable to: IWDC OF WNY & VIC.	
1ST Year	No Contr	ribution				3445 Winton PI, Ste 238	
2nd Year	Total Ho	urs X \$7.42	=			hester, NY 14623-2950	
3rd Year	Total Ho	urs X \$8.48	=				
4th Year	Total Ho	urs X \$9.54	=				
IAP		urs X \$.07 =		W			
TOTAL FOR PENSION =							
The undersigned employer su	bscribes and	agrees to become hound b	v the terms and co	onditions of the A	Agreement & Declarati	on of Trust creating the	
The undersigned employer subscribes and agrees to become bound by the terms and conditions of the Agreement & Declaration of Trust creating the  Iron Workers Local #60 Funds and any Amendments thereof and authorized and accepts the appointment of the Employer Trustees and their							
successors as fully and completely as if made by the undersigned and agrees to make the contributions required by the prevailing 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							
ADDRESSTEL#							
SUBMITTED BY		TITLE		DAT	E		
RepFm-A-2018 / excel-P	RINTED IN	HOUSE					