	JOURNEYMAN REPORTING FORM - July 1,2019		
	Iron Workers Local 60 - 500 West Genes		
	(tel) 315-422-8200 (fax) 315-478-2630 Monthly Remittance Report, Period Ending		
Contributions payed on hours worked			
Contributions payed on hours worked >1/2 hour but < 1 hour should be rounded up.			
Fringe reports to be filed monthly bas EMPLOYEE NAME	is, per contract. SOCIAL SECURITY #	HOURS	GROSS WAGES
		noons	
	TOTALS		
BENEFITS:	TOTAL HOURS X \$15.70 =		Payable to:
DUES ASSESMENT:	6.00% OF GROSS WAGES =		Iron Workers Local 60
EDUCATION & TRAINING:	TOTAL HOURS X \$0.75 =		500 West Genesee Street
	TOTAL FOR THESE THREE FUNDS =		Syracuse, NY 13204
DENCION			Develor Ter
PENSION:	Total Hours x \$10.85 =		Payable To:
ΙΑΡ	Total Hours x \$0.07 =		IWDC Of WNY & Vicinity
	TOTAL FOR PENSION =		3445 Winton Place Suite 238
	to become bound by the terms and conditions of the Agreement	nt 9 Declaration of Trust granting the last 1	Rochester, NY 14623-2950
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 authorizes 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	
		-	
ADDRESS		TELEPHONE	
SUBMITTED BY		TITLE	DATE