

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS

NATIONAL ELECTRICAL BENEFIT FUND

together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Traveling Contractor
 Permanent Contractor

Page No. 1

43

NAME _____
 ADDRESS _____
 CITY, STATE _____
 PHONE _____

LOCAL UNION NO. WHERE WORK IS PERFORMED.....
 EMPLOYER'S FEDERAL _____
 REGISTRATION NO.

TOTAL NUMBER EMPLOYED THIS PERIOD *	Bldg Constr. Journeyman's Wage RatePerHour \$
-------------------------------------	---

This Transmittal Covers ALL Payroll Weeks Ending as shown below: _____ 20____
 This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3							
1 Journeyman, Foreman	4 Communication/VDV	5 Maintenance	6 Inside Apprentice	10 Construction Wireman	Residential		
15 Construction Electrician	24 Seasonal Employee	26 ALL	27 Alumni	28 Owner Working under a CBA	22 Journeyman	23 Apprentice	

COLUMN 1	COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE LAST NAME AND INITIALS	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 43 WORKING DUES	BRHD/COPE DEDUCTION
TOTAL THIS PAGE							
TOTAL NUMBER OF PAGES THIS REPORT _____	GRAND TOTAL ALL PAGES						

- Make 1 check payable to Finger Lakes NY Chapter NECA for the sum of 1, 2, 7, 8 & 9 and mail copies 1 & 2 to: 135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3 & copy 3 to: Local #43 and Electrical Contractors Benefit Escrow Account, P.O. Box 2218, Syracuse, NY 13220-2218
- Mail check 4 and copy 5 to: CNYJATC, 4566 Waterhouse Rd., Clay, NY 13041
- Mail check 5, 6, and copy 4 to IBEW Local Union #43, 4568 Waterhouse Rd., Clay, NY 13041

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME _____
 SIGNATURE & TITLE _____
 DATE _____

Check here when: CHECK TYPE OF BUSINESS ENTITY
 First report in area Sole Proprietor
 Final report in area Partnership
 More forms needed Corporation

- | | |
|--|----------|
| 1. National Electrical Benefit Fund
3% of gross earnings. (Col. 5) | \$ _____ |
| 2. National Electrical Industry Fund
1% of gross earnings (Col. 5) | \$ _____ |
| 3. IBEW 43 & Electrical Contractors
Benefit Escrow Account
(\$ _____ x Col.4) | \$ _____ |
| 4. Central New York JATC
(_____ ¢ x Col.4) | \$ _____ |
| 5. IBEW #43 Working Dues
(Total of Col.7) | \$ _____ |
| 6. IBEW 43 Brotherhood Fund/COPE
(Total of Col. 8) | \$ _____ |
| 7. CNYLMCC
(_____ ¢ x Col.4) | \$ _____ |
| 8. National LMCC
(_____ ¢ x Col.4) | \$ _____ |
| 9. AMF
(_____ ¢ x Col.4) | \$ _____ |

