# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**

**PHONE: (248) 641-4988** **TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

### SUMMER RESIDENTIAL SEC 120

**MONTH:** _____ **FROM:** _____ **TO:** _____

**IF WORK IS DONE UNDER THE RESIDENTIAL AGREEMENT, THEN THE MAXIMUM OF 40 HOURS FRINGES PER WEEK ARE PAID.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON ALL ACTUAL HOURS WORKED.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | TOTAL HOURS WORKED (A) |
|---|---|---|
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| | | |
| | **TOTAL** | |

**TOTAL HOURS (A)** _____ **X $ .45 PER HOUR** **=** **$** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**LOCK BOX #141**
**PO BOX 33321**
**DETROIT, MI 48232-5321**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

| FRINGE BENEFITS | |
|---|---|
| INDUSTRY | $0.15 |
| WORK DUES | $0.25 |
| INT'L TR. ED. | $0.05 |
| **TOTAL** | $0.45 |

EMPLOYERS NOT PAYING THE $.15 TO THE INDUSTRY FUND MUST ALLOCATE THE $.15 TO THE TRAINING FUND. PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.15 DIRECTLY TO THE INDUSTRY FUND.

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** _____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** _____

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Rev Date: 06/02/2008**