

**PLUMBERS LOCAL 98
PO BOX 159
TROY, MI 48099-0159**

PHONE: (248) 641-4988

TOLL FREE: (866) 646-8919

**THIS REPORT IS TO BE USED ONLY FOR PRINCIPALS WHO WORK WITH TOOLS OF THE TRADE.
DO NOT USE FOR JOURNEYMEN OR APPRENTICES**

WORKING PRINCIPLE

SEC 170

Month: _____ From: _____ To: _____

THE PRINCIPAL MUST REPORT FOR NOT LESS THAN 32 HOURS OF WORK EACH WEEK AND NOT FOR LESS THAN 128 HOURS OF WORK PER MONTH. ONLY ONE WORKING PRINCIPAL PER FORM. THIS FORM IS NOT TO BE USED FOR SALESMEN, ESTIMATORS, SUPERINTENDENTS AND OTHER SUCH SALARIED PERSONNEL.

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	END OF LAST PAY PERIOD	TOTAL HOURS WORKED	TERM DATE	OPTIONAL FRINGE AMOUNT INSURANCE	D/C PENSION

FRINGE BENEFITS

MANDATORY	OPTIONAL	OPTIONAL*** DEFINED CONTRIBUTION
DB PENSION \$ 7.50	SINGLE \$ 414.56	<p align="center">ENTER AMOUNT</p> <p align="center">\$ _____</p> <p align="center">(ALSO ENTER IN BOX ABOVE)</p>
INDUSTRY \$ 0.40	TWO-PERSON \$ 886.95	
TRAINING FUND \$ 0.61	FAMILY \$ 943.89	
INT'L TR. FUND \$ 0.05		
DUES \$ 0.55		
I.A.R.F. \$ 0.50		
TOTAL \$ 9.61		

IF SELECTING COVERAGE UNDER THE INSURANCE FUND, PLEASE INDICATE AMOUNT IN THE APPROPRIATE BOX ABOVE. IF MAKING A CONTRIBUTION TO THE DEFINED CONTRIBUTION PENSION, INDICATE THAT AMOUNT IN THE BOX ABOVE; NOT EXCEEDING THE LIMITS ALLOWED.

CONTRIBUTIONS TO ALL PENSION PLANS, IE., MANDATORY, OPTIONAL AND COMPANY PLANS MAY NOT EXCEED 25% OF EMPLOYEES WAGES.

***** SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS *****

TOTAL HOURS _____ X \$ 9.61 PER HOUR = \$ _____

INSURANCE FUND OPTION AMOUNT \$ _____

D/C PENSION PLAN OPTION AMOUNT \$ _____

TOTAL \$ _____

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

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 BEING REPORTED. REMITTANCE FOR FRINGES IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

ADMINISTRATIVE USE ONLY	EMPLOYER:
DATE RECEIVED: _____	_____
DEPOSIT DATE: _____	ADDRESS: _____
CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____
CHECK AMOUNT: _____	TELEPHONE: _____
ENTERED BY: _____	SIGNATURE: _____ DATE: _____

CHECK FOR MORE FORMS _____

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.

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL WORKING PRINCIPALS EMPLOYED OR WORKING FOR THE EMPLOYER UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE UNDERSIGNED 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 AND TO THE TERMS OF THE TRUST AGREEMENTS OF THE FUNDS, SPECIFICALLY INCLUDING PROVISIONS RELATING TO FRINGE BENEFIT FUND CONTRIBUTIONS.

SUBMISSIONS OF CONTRIBUTIONS ON ALTERNATE FORMS MUST BE APPROVED BY THE JAC