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CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE TRUST FUND

PO Box 19437
Springfield, IL 62794-9437
PH:(217) 732-1919 * Fax: (217) 732-7799

RFCTL#: 1

JOB LOCATION

PHONE:

RATES		
REG	OT	DT

CHECK HERE

- ☐ COMMERCIAL
- ☐ RESIDENTIAL
- ☐ HIGHWAY & HEAVY
- ☐ MILLSHOP
- ☐ NO WORK THIS MONTH
- ☐ FINAL-REPORT

HOURS WORKED MONTH OF

2007

SOCIAL SECURITY NO.	EMPLOYEE (LAST NAME, FIRST NAME)	LOCAL NO.	REGULAR HRS.	OVER TIME HRS.	DOUBLE TIME HRS.

REGULAR		AMOUNT DUE	OVER TIME		AMOUNT DUE	DOUBLE TIME		AMOUNT DUE
TOTAL HOURS	RATE		TOTAL HOURS	RATE		TOTAL HOURS	RATE	
	X	=		X	=		X	=

DO NOT USE THIS SPACE			NOTES
RECEIVED	CHECK NO.	AMOUNT $	

NOTES

1. THE NAMES ON THIS MONTHLY REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT. PLEASE INDICATE ANY CORRECTIONS.
2. BE SURE TO ADD THE NAME AND CORRECT SOCIAL SECURITY NUMBER OF ALL EMPLOYEES WHO HAD WORK HOURS DURING THIS PERIOD.
3. ***REPORTS ARE DUE BY THE 15TH OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES OF 20% AND INTEREST ON THE AMOUNT DUE.***

PRIOR BALANCE DUE OR CREDIT AVAILABLE

TOTAL AMOUNT DUE

SIGNED: _____ TITLE: _____