

FUND OFFICE COPY

MONTHLY REPORT OF PAYMENTS TO

CARPENTERS PENSION AND RETIREMENT SAVINGS FUNDS OF IL PO BOX 4001 GENEVA, IL 60134-4001 (630) 232-7166 • 1-800-448-5825

ACCOUNT NO. FOR OFFICIAL USE ONLY

4601 JM JOURNEYMAN

The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining agreement with the District Council or Local of the Union covering the type and area of work of the listed employees and also to each agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith.

Please check here

- No work this month FINAL report Send more forms Change of address Change in name

PLEASE USE SEPARATE FORM FOR DIFFERENT RATES CODE LOCAL#1051/MILLWRIGHTS/CIB REPORT MONTH

Table with columns: SOCIAL SECURITY NUMBER, EMPLOYEE NAME, LOCAL NO., HOURS, OT HOURS, DT HOURS

TOTALS

PLEASE SUPPLY BUSINESS PHONE NO.: 6.100 PENSION 6.100 X (Reg Hrs Wrkd) = \$ One + 1/2 9.150 X (1 + 1/2 Hrs ) = \$ Dble Time 12.200 X (Double X Hrs) = \$

NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT. PLEASE INDICATE ANY CORRECTIONS.

BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.

REPORTS ARE DUE BY THE 15th OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES.

SIGNED MAKE ONE CHECK PAYABLE TO: CARPENTERS BENEFITS FUND OF ILLINOIS

TOTAL AMOUNT DUE \$ created using BCL easyPDF Printer Driver