

**IRONWORKERS LOCAL UNION 549
MONTHLY FRINGE BENEFIT REPORT FORM**

The undersigned employer by submitting this report agrees to be bound by all terms and conditions of each Trust Agreement and Labor Contract pertaining to the contributions herewith made.

EMPLOYER IW Local 549

BY _____
Signature Phone No.

JOB SITE ADDRESS _____
JOB SITE COUNTY _____

HOME OFFICE ADDRESS _____

City _____ State _____ Zip Code _____

CITY _____ State _____ Zip Code _____

THIS REPORT FOR PAYROLL STARTING

AND ENDING

| List Employees' Names alphabetically with last name first & Social Security No. | | OVERTIME (OT) STRAIGHT TIME (ST) HOURS BY PAY PERIODS | | | | | *TOTAL HRS WORKED | Col. B *TOTAL HRS PAID | Col. C GROSS PAY | Col. D VACATION FUND | Col. E WORK ASSM'T DEDUCT. |
|---|-----|--|-----|-----|-----|-----|-------------------------|------------------------------|------------------------|----------------------------|----------------------------------|
| | | 1st | 2nd | 3rd | 4th | 5th | | | | | |
| Name | OT. | | | | | | | | | | |
| S.S. | ST. | | | | | | | | | | |
| Name | OT. | | | | | | | | | | |
| S.S. | ST. | | | | | | | | | | |
| Name | OT. | | | | | | | | | | |
| S.S. | ST. | | | | | | | | | | |
| Name | OT. | | | | | | | | | | |
| S.S. | ST. | | | | | | | | | | |
| Name | OT. | | | | | | | | | | |
| S.S. | ST. | | | | | | | | | | |
| Name | OT. | | | | | | | | | | |
| S.S. | ST. | | | | | | | | | | |
| Name | OT. | | | | | | | | | | |
| S.S. | ST. | | | | | | | | | | |
| Name | OT. | | | | | | | | | | |
| S.S. | ST. | | | | | | | | | | |

EMPLOYERS BREAKDOWN OF PAYMENT

ADD TOTAL HERE

Vacation Fund
(14% X Col.C)
(Must Equal Col D) \$ _____

TOTALS FROM
ADD'L LIST

Medical Benefit Fund
(\$5.68 X Col B.)..... \$ _____

GRAND TOTAL

0.00 0.00 0.00 0.00 0.00

* Complete Each Employee Fraction Hours to Full Hours

Pension Fund
(\$7.82 X Col B.)..... \$ _____

Joint Apprenticeship Fund
(\$.29 X Col A.)..... \$ _____

Construction Adv. Program
(\$.18 X Col A.)..... \$ _____

IMPACT Fund
(\$.16 X Col A) \$ _____

Project Best
(\$.15 X Col A.)..... \$ _____

Annuity F. / Security Fund
(\$2.00 X Col B.)..... \$ _____

EMPLOYEE PAYROLL DEDUCTION

Work Assessment
(4% X Col.C)..... \$ _____

Building Trade Fund
(\$.15 X Col A.)..... \$ _____

Special /IPAL/PAL
(\$.06 X Col A.)..... \$ _____

\$ _____

I. W. #549 Building Fund
(\$.17 X Col A.)..... \$ _____

IMPACT Fund
(\$.04 x Col A.)..... \$ _____

TOTAL AMOUNT OFCHECK \$ _____

Mail Check and Forms to:
IRONWORKERS 549 FRINGE BENEFIT FUND

2350 Main Street
Wheeling, WV 26003
304-232-6230
FAX 304-232-5990

(Liquidated Damages on Employer Copy)