

MONTHLY PAYROLL REPORT SUMMARY FOR LOCAL 104 North (ME, NH, VT)

Name of Employer _____ Tax ID# _____

Address _____ Month _____

Ending _____ Phone# _____

Type of Entity: ___ Single Proprietorship ___ Partnership ___ Corporation

- 1. Benefits Fund & Vacation/Sick Time Plan - make check payable to **N.E.E.W. Benefits Fund**
 _____ Hours @ \$10.25 per hours worked (Benefit Fund) = \$ _____
 _____ Hours @ \$1.00 per hours worked (Vac/Sick Plan) = \$ _____

- 2. Pension Fund - make check payable to **N.E.E.W. Money Purchase Plan & Trust**
 _____ Hours @ \$16.95 per hours worked = \$ _____

**Forward payroll reports, separate checks and one (1) copy of this Summary Report to:
N.E.E.W. Benefits Fund, P.O. Box 5817, Wallingford, CT 06492.**

- 3. Occupational Safety, Health and Education Fund - make check payable to **I.B.E.W. Local 104 O.S.H.E.**
 Gross Pay \$ _____ @ 2% = \$ _____

- 4. Assessments - make check payable to **I.B.E.W. Local 104**
 Gross Pay \$ _____ @ 3.5% = \$ _____

- 5. C.O.P.E. - make check payable to **I.B.E.W. Local 104 PAC**
 _____ Hours worked @ \$.05 per hours worked = \$ _____

- 6. Market Recovery - make check payable to **I.B.E.W. Local 104 MARKET RECOVERY**
 _____ Hours worked @ \$.75 per hours worked = \$ _____

**Forward payroll reports, separate checks and one (1) copy of this Summary Report to:
I.B.E.W. Local 104, 22 Old Concord Turnpike, Barrington, NH 03825**

- 7. National Electrical Benefit Fund - make check payable to **N.E.B.F.**
 Gross Pay \$ _____ @3% = \$ _____
 Total Hours _____ # of Employees _____

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund (NEBF) and the National Electrical Annuity Plan Agreement and Trust (NEAP) and agrees to make the required contributions to the NEBF and NEAP as provided for therein. The employer acknowledges having received a copy of the above Agreements. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreements). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreements and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement and section 6.2 of the NEAP Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement and Section 6.2 of the NEAP Agreement.

Signature & Title _____ Date _____

- 8. National Electrical Industry Fund - make check payable to **N.E.I.F.**
 Gross Pay \$ _____ @.5% = \$ _____

- 9. Northeastern Line Constructors Administration Fund - make check payable to **N.E.L.C.A.F.**
 Gross Pay \$ _____ @.75% = \$ _____

- 10. National Labor Management Cooperation Committee - make check payable to **N.L.M.C.C.**
 _____ Hours @ \$.01 per hours worked = \$ _____

Forward separate checks, four (4) copies of this Summary Report and two (2) copies of your employee backup* of employees to: Northeastern Line Constructors Employees Benefit Board, 700 White Plains Road, Suite 271, Scarsdale, N.Y. 10583

* Backup of employees to include: Employee Names, SSNs, Classifications, Hours & Gross Wages.

- 11. Northeastern Joint Apprenticeship and Training Trust Fund - make check payable to **N.E.A.T.**
 Gross Pay \$ _____ @ .75% = \$ _____

Forward check and (1) copy of this Summary Report to: NEAT, 1513 Ben Franklin Highway, Douglasville, PA 19518

Reports are due no later than fifteen (15) days following the last day of each calendar month.

Check if: Forms are needed First Report Final Report

