MONTHLY REMITTANCE REPORT - MILWAUKEE BUILDING TRADES BENEFIT FUNDS

RETIREMENT - HEALTH CARE - VACATION FUNDS & OTHER PROGRAMS

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME LAST NAME	FIRST NAME	†	REG / OT	HOURS WORKED EACH WEEK WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	STRAIGHT TIME	OVERTIME	TOTAL HOURS	GROSS WAGES	VACATION PAY	401K AMOUNT
				REG											
				OT											
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				OT											
TOTALS ▶															

† CODES FOR NON-PAYMENT

1. NOT ENTITLED TO HEALTH
2. NOT ENTITLED TO PENSION – APPRENTICE
3. NOT ENTITLED TO PENSION – OTHER
4. ALUMNI – ENTITLED TO PENSION

CHECK IF APPLICABLE: ▶ ☐ INITIAL — No Previous Reports Submitted ☐ INACTIVE — No Employees This Month ☐ FINAL — Reason: _____ No Employees Until Further Notice ☐ SUMMARY — Forms Attached

FUND	TOTAL HOURS	HOURLY RATE	BASE AMOUNT	DAMAGES	INTEREST	TOTAL PAID	FUND	TOTAL HOURS	HOURLY RATE	BASE AMOUNT	DAMAGES	INTEREST	TOTAL PAID
PENSION	▶	@					**APPRENTICESHIP TRAINING**	▶	@				
HEALTH	▶	@					**ANNUITY**	▶	@				
HEALTH MONTHLY	▶	@					**UNION DUES**	▶	@				
VACATION	▶	@						▶	@				
JURY PAY	▶	@					**INDUSTRY ADVANCEMENT**	▶	@				
					SUB TOTAL							**GRAND TOTAL**	

UNION | REFERENCE NO. | MONTH AND YEAR WORKED

EMPLOYER | EMPLOYER IRS NUMBER | CODE NUMBER

ADDRESS

CITY | STATE | ZIP

I (we) agree to be bound by all of the provisions (including making payments) relating to pension, health & welfare and vacation funds, as contained in the Milwaukee area multi-employer labor agreements covering employees in the trade for which this report is made, for our employees in such trade, for the duration of such labor agreements, and, further, agree to be bound by the applicable trust agreements.

The Employer certifies that any employee listed on this remittance report performed the work reported hereon under a collective bargaining agreement.

SIGNATURE _____

TITLE ▶ DATE ▶

ORDER SUPPLIES BY CHECKING BELOW ☐ FORMS ☐ ENVELOPES

PAGE NO. OF PAGES

TELEPHONE NUMBER

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46-S