

# MONTHLY REMITTANCE REPORT

## NORTH CENTRAL STATES CARPENTERS' BENEFIT FUNDS

FORM MAY BE USED FOR OTHER FRINGE BENEFIT REPORTS

CHK IF SUPRV (√ )	SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE		TOTAL PENSION HOURS	TOTAL HEALTH HOURS	TOTAL GROSS WAGES	TOTAL DUES DEDUCT	TOTAL VAC DEDUCT	TOTAL TRAINING HOURS	O.T. HRS D.T. HRS
		LAST NAME	FIRST NAME							
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
CHECK ONE IF APPLICABLE ► <input type="checkbox"/> INACTIVE <input type="checkbox"/> FINAL REPORT				<b>TOTALS</b>						

DEF. CONTRIB. ► @ PER HR = \$	LAB MGMT COOP (LMC) ► @ PER HR = \$
PENSION HOURS ► @ PER HR = \$	CARP INTL' TRNG (UBC) ► @ PER HR = \$
HEALTH HOURS ► @ PER HR = \$	CONTR ADMIN FUND (CAF) ► @ PER HR = \$
VACATION DEDUCTIONS ► \$	WORKING DUES DEDUCTIONS ►
TRAINING HOURS ► @ PER HR = \$	

<input type="text" value="WORK LOCATION"/>	I ( we ) agree to be bound by all the provisions (including making payments) relating to pensions, health, vacation, and training funds, as contained in the respective areas labor agreements covering employees in the trade for which this report is made, for my (our) employees in such trade, for the duration of such labor agreements, and further agree to be bound by the applicable trust agrments. PLEASE NOTE: Your failure to make these payments could constitute a violation of Section 103.86 of the Wisconsin statutes, which provides that any employer who promises to make payments to an Employee Welfare Fund and fails to make such payments within six weeks of being due, may be fined not more than \$200.
<input type="text" value="WORK MONTH &amp; YEAR"/>	
EMPLOYER <span style="float: right;">CODE NUMBER</span>	
ADDRESS	
CITY <span style="float: right;">STATE</span>	
SIGNATURE _____	
TITLE ► _____ DATE ► _____	

PAGE NO.	OF	PAGES	TOTAL NUMBER OF EMPLOYEES ►
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**MAIL TO: North Central States Carpenters' Fund, P.O. Box 282, Eau Claire, WI 54702**