

MONTHLY REMITTANCE REPORT

NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS' BENEFIT FUNDS

SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE		TOTAL PENSION	TOTAL HEALTH	TOTAL DUES	SAVINGS PLAN	TOTAL TRAINING
	LAST NAME	FIRST NAME	HOURS	HOURS	DEDUCT	DEDUCT	HOURS

CHECK ONE INACTIVE / NO HOURS
 IF APPLICABLE FINAL REPORT

TOTALS

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DEFINED BENEFIT PENSION HOURS	@	PER HR = \$	LAB MGMT COOP (LMC)	@	PER HR = \$
DEFINED CONTRIBUTION PENSION HOURS	@	PER HR = \$	IAP/CONTR ADMIN FUND	@	PER HR = \$
HEALTH FUND	@	PER HR = \$	CARP INTL' TRNG (UBC)	@	PER HR = \$
SAVINGS / VACATION	@	PER HR = \$			
EDUC/APPREN HOURS	@	PER HR = \$	WORKING DUES DEDUCTIONS		

WORK LOCATION	
WORK MONTH & YEAR	
EMPLOYER	CODE NUMBER
ADDRESS	
CITY / STATE	

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 agreements.

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.

SIGNATURE _____

TITLE _____ DATE _____

MAIL TO: North Central States Carpenters' Fund, P.O. Box 282, Eau Claire, WI 54702