

FUND OFFICE
COPY

MONTHLY REPORT OF PAYMENTS TO
PLASTERERS AREA 5, DUES, WELFARE, PENSION, SAFETY,
APPRENTICE TRAINING FUNDS AND RETIREMENT SAVINGS FUND

P.O. BOX 71650
CHICAGO, IL 60694-1650
PHONE: 708-544-9100 EXT. 225 & 218
FAX: 708-544-9130



ACCOUNT NO.
FOR OFFICE USE ONLY

PLEASE CHECK HERE

- FINAL report
- Send more forms
- Change of address
- Change in name
- No work this month

FIRM NAME
ADDRESS
CITY
BUS. PHONE & AREA CODE
EMAIL

URGENT: AN EMPLOYER MUST FILE THIS REPORT EVEN THOUGH NO PLASTERERS WERE EMPLOYED. IF NO PLASTERERS WERE EMPLOYED DURING THE MONTH, CHECK HERE. FAX: (708) 544-9130

HOURS WORKED DURING THE MONTH OF

REPORT DUE 15th OF MONTH. LATE REPORTS SUBJECT TO MINIMUM OF 15% LIQUIDATED DAMAGES

COLUMN 1 SOCIAL SECURITY NUMBER	COL. 2 NAME OF EMPLOYEE		COL. 3 REGULAR HOURS	COL. 4 SATURDAY HOURS	COL. 5 DOUBLE TIME HOURS	COL. 6 TOTAL HOURS
	LAST NAME	FIRST NAME				
TOTAL HOURS →						

July 18 - 10

EMPLOYER'S WARRANTY AND ACCEPTANCE: The undersigned employer hereby warrants that this report accurately states all hours worked by all Journeymen and Apprentices in its employ. In addition, the employer hereby agrees to be bound to the terms of the current collective bargaining agreement executed between the Cement Masons' Local 502 Plasterers Area 5 and the Midwest Wall and Ceiling Contractors Association. Further, the undersigned hereby expressly accepts and agrees to be bound by the trust agreements governing Cook County Cement Masons' Welfare, Pension, Savings and Apprentice Trust Funds, et al., and accepts all of the terms thereof with the intention of providing benefits to its Plasterers.	DO NOT USE THE SPACE BELOW	35.80	TOTAL HRS. WORKED (COL. 6) \$
	RECEIVED DATE	5.00	DOUBLE TIME HRS. WORKED (COL. 5) \$
		2.50	SATURDAY HRS. WORKED (COL. 4) \$
			ADJUSTMENTS \$
			TOTAL AMOUNT DUE \$
	_____ SIGNATURE OF OWNER-PARTNER-OFFICER	MAKE ONE CHECK PAYABLE TO: CHICAGO PLASTERING INSTITUTE BENEFIT FUNDS.	