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

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

No work wis month

HOURS WORKED DURING THE MONTH OF

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

EMPLOYER'S WARRANTY AND ACCEPTANCE: The undersigned employer hereby warrants that this report accurately states all hours worked by all Journeymen and Apprentices in	DO NOT USE THE SPACE BELOW	\$38.86	TOTAL HRS. WORKED (COL. 6)	\$
its employ, in addition, the employer hereby agrees to be bound to the terms of the current collective bargaining agreement executed between the Cament Masons' Local 502 Plasteers Area 5 and the Midwest was and Ceiling Contractors Association. Further the undersigned	RECEIVED DATE	\$5.00	DOUBLE TIME HRS. WORKED (COL. 5)	\$
hereby expressly accepts and agrees to be bound by the Irust agreements governing Cook County Cement Masons' Wellare, Pension, Savings and Apprehice Trust Funds, et al., and accepts all of the ferms thereof with the intention of providing benefits to fits Plasterers		\$2.50	SATURDAY HRS Worked (COL. 4)	\$
		ADJUSTMENTS		\$
		TOTAL AMOUNT DU	JE	\$
		MAKE ONE CH	ECK PAYABLE TO:	
SIGNATURE OF OWNER-PARTNER-OFFICER		CEMENT MASON FRINGE BENEFI		rev: Mar 2018

FUND OFFICE COPY

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

ACCOUNT NO

FOR OFFICE USE ONLY

APPRENTICE PLASTERER

FIRM

CITY

ADDRESS

CHICAGO, IL 60694-1650

P.O. BOX 71650 PHONE: 708-544-9100 EXT. 225 & 218 FAX: 708-544-9130

PLEASE CHECK HERE

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

BUS. PHONE & AREA CODE

HOURS WORKED DURING THE MONTH OF

EMAIL

THILA E 1-PORT SUBJECT (COMMING REPORT COL. 3 REGULAR HOURS COL. 4 SATURDAY HOURS COL. 2 NAME OF EMPLOYEE COL.5 DOUBLE TIME HOURS COL. 6 TOTAL HOURS COLUMN 1 SOCIAL SECURITY NUMBER LAST NAME FIRST NAME TOTAL HOURS

EMPLOYER'S WARRANTY AND ACCEPTANCE: The undersigned employer hereby warrants	DO NOT USE THE SPACE BELOW	\$38.35 TOTAL HRS. WO	RKED (COL. 6) \$
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 exocuted between the Cament Masons' Local 502 Plasterers	RECEIVED DATE	\$5.00 DOUBLE	FIME RKED (COL. 5) \$
Area 5 and the Midwest wait and Ceiting Contractors Association. Further the undersigned hereby expressly accepts and agrees to be bound by the trust agreements governing Cook County Cement Masons' Weifare, Pension. Savings and Apprentice Trust Funds, et at, and accepts all of the terms thereof with the intention of providing benefits to its Plasterers.		\$2.50 SATURDA	Y RKED (COL. 4) \$
accepts all of the terms litered with the Intention of providing denemis to its Plasterers		ADJUSTMENTS	\$
		TOTAL AMOUNT DUE	s
		MAKE ONE CHECK PAYA	BLE TO:
SIGNATURE OF OWNER-PARTNER-OFFICER		CEMENT MASONS' LOCAL 5 FRINGE BENEFIT FUNDS	702 rev: Mar 2018