FUND OFFICE COPY FIRM NAME ADDRESS CITY BUS. PHONE & AREA CODE	MONTHLY REPORT OF PAYMENTS TO PLASTERERS AREA 5, DUES, WELFARE, PENSION, SAFETY, APPRENTICE TRAINING FUNDS AND RETIREMENT SAVINGS FUND Tag S. 25th Avenue BELLWOOD, IL 60104-1995				FOR OFFIN PLEASE (FINAL Send (Chang	ACCOUNT NO. FOR OFFICE USE ONLY PLEASE CHECK HERE FINAL report Send more forms Change of address Change in name No work this month	
EMAIL REPORT DUE 15th OF MONTH. LATE REPU	DRTS SUBJECT TO MINIMUM OF 15% LIQUIDATED	DAMAGES		HOURS WORK DURING THE MONTH OF	ED		
COLUMN 1 SOCIAL SECURITY NUMBER	COL. 2 NAME OF EN		COL, 3 REGULAR HOURS	COL. 4 SATURDAY HOURS	COL.5 DOUBLE TIME HOURS	COL. 6 TOTAL HOURS	
TOTAL HOURS							
that this report accurately states all hou its employ. In addition, the employer here collective bargaining agreement executed Area 5 and the Midwest Wall and Ceiling hereby expressly accepts and agrees to County Cement Masons' Welfare, Pensio	NCE: The undersigned employer hereby warrants rs worked by all Journeymen and Apprentices in by agrees to be bound to the terms of the current between the Cement Masons' Local 502 Plasterers Contractors Association. Further, the undersigned be bound by the trust agreements governing Cook n, Savings and Apprentice Trust Funds, et al., and intention of providing benefits to its Plasterers.	DO NOT USE THE SPACE BELOW RECEIVED DATE	42.6 6.00 3.00	DOUE HRS. SATU	WORKED (COL. 6) BLE TIME WORKED (COL. 5)	\$	

THE SPACE BELOW	42.01 -	(OCL. 0)	4
RECEIVED DATE	6.00 _	DOUBLE TIME HRS. WORKED (COL. 5)	\$
	3.00	SATURDAY HRS. WORKED (COL. 4)	\$
	ADJUSTMENTS		\$
	TOTAL AMOUNT DU	JE	\$
		ECK PAYABLE TO: FERING INSTITUTE	

SIGNATURE OF OWNER-PARTNER-OFFICER