MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS NATIONAL ELECTRICAL BENEFIT FUND

Ш	TRAVELING CONTR.
	PERMANENT CONTR.

	1	_	WITH LOCAL BENEF	IT FUNDS	S, JATC,	AND DEDUC	TIONS		Page No.	1
NAME ADDRESS CITY, STATE PHONE				l	LOCAL UNION NO. WHERE WORK IS PERFORMEDEMPLOYER'S FEDERAL REGISTRATION NO.				840	
					TOTAL NUMBER EMPLOYED THIS PERIOD		Bidg. Constr. Journeyman's Wage Rate Per Hour \$			
	This Transmittal Cover	s ALL Payroll Wee	ks Ending as shown below:	not later that	n fifteen (15) cale	I be mailed to reach the officendar days following the end: OMPLETE INSTRUCTIONS	of each calendar m		ion Agent	_
			CLASSIFICATION	S TO BE USED I	N COLUMN N	O. 3				_
	26 Other (non-bargaining unit)				Reside				I	
1 Journey	yman 2 Motor	r Repair	3 Sign 4 Communications	5 Mainte	nance 6	6 Inside Apprentice	22 Journeyr	man 2	23 Apprentice	=
COLUMN 1			COLUMN 2	COL.3	COL. 4	COL.5	COL. 6	COL. 7	COL. 8	
SOCIAL SECURITY NUMBER LAST N		LAST NAM	NAME OF EMPLOYEE ME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 8 WORKIN DUES	IG DEDUCTION	
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			TOTAL THIS PAGE							
TOTAL NUMBER OF PAGES THIS REPORT		GRAND TOTAL ALL PAGES								
Make 1	Check for iten	ns 1, 2, 9, 1	10, 11 & mail copies 1 & 2	? to:				_	*	
Fit	nger Lakes NY	Chapter N	ECA Inc.		1.	National Electric	al Benefit Fu s earnings (0		\$	
13	5 Old Cove Rd	I., Suite #20	08, Liverpool, NY 13090		2.	National Electric			\$	
Mail ch	ecks 3-8 and c	onies 3 & 4	4 to			1% of gross	earnings (0	Col. 5)	¢	
Mail checks 3-8 and copies 3 & 4 to: IBEW #840					3.	(\$	x Col. 4)		φ	
PO Box 851, Geneva, NY 14456					4.	IBEW 840 Pens	ion Fund		\$	
The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer					er 5	(¢ IBEW #840 Anr	x Col. 4) wity Fund		\$	
acknowledges having received a copy of the above Agreement. The employer certifies tha the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit					nt	(¢	x Col. 4)			
employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such no bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement					n- 6. nt.	IBEW 840 Educ	cation Fund x Col. 4)		\$	
The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreen either all employees of the organization or alumni employees only are covered, except those who may be excluded pursua Section 6.3 of the NEBF Agreement.					1t, to 7.	IBEW 840 Work			\$	
FIRM NAME					_		-		Φ.	
SIGNATURE	& TITLE				- -	COPE (e.	x Col. 4)		Ф	
DATE					9.	Geneva LMCC	ŕ		\$	
Check he	re when:		CHECK TYPE OF BUSINESS I	ENTITY	40		x Col. 4)		\$	
	report in area		Sole Proprietor		10.	National LMCC 01¢ x.	Col. 4)		Ψ	
☐ Final	report in area		☐ Partnership		11.	AMF	•		\$	-
☐ More	forms needed		☐ Corporation			(¢	x Col. 4)		ATE PO	

FORM MPR-164 (REV. 5/05)