Cement Masons' Local 780 Fringe Benefit Funds -76 South Central Avenue, Suite1C Valley Stream, NY 11580

Phone: (516)775-2280 Fax: (516)775-4064

Remittance Report for Independent Contractors, Effective October 1, 2015:

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Straight (A)			Overtime(B)			Double Time (C)	
	ST			ОТ			DT
Trust	\$11.10		Trust	\$22.20		Trust	\$22.20
Pension	\$8.75		Pension	\$17.50	1	Pension	\$17.50
Apprenticeship	\$0.46		Apprenticeship	\$0.69	1	Apprenticeship	\$0.92
I.A.P.	\$0.32		I.A.P.	\$0.48	1	I.A.P.	\$0.64
Check Off	\$2.27		Check Off	\$3.40		Check Off	\$4.54
Int. Check Off	\$0.80		Int. Check Off	\$1.20	l	Int. Check Off	\$1.60
Vacation	\$7.00		Vacation	\$10.50		Vacation	\$14.00
Pac Mac	\$0.05		Pac Mac	\$0.07	ŀ	Pac Mac	\$0.10
Strike	\$0.05		Strike	\$0.07		Strike	\$0.10
Annuity	\$11.50		Annuity	\$17.25		Annuity	\$23.00
780 LMT	\$0.15		780 LMT	\$0.23		780 LMT	\$0.30
Ind./AdminFee	\$0.60		Ind./AdminFee	\$0.90		Ind./AdminFee	\$1.20
Total	\$43.05		Total	\$74.49		Total	\$86.10
Total Hours:			Total Hours:			Total Hours:	
Amount Due: (A) \$	-		Amount Due: (B) \$		•	Amount Due (C)\$	

Make one check payable to

Cement Masons' Local 780 Fringe Benefit Funds

Total Due=

EMPLOYED EEDERAL ID#

WEEK ENDING

A+B+C

This form must be signed and completed or the fund office will not accept the benefits

The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement between the Cement Masons' Local 780 and the Independent Contractor, including, without limitation, Article VI of the CBA addressing contributions to be made to the Cement Masons' Local 780 Fringe Benefit Funds (the "Funds"). A copy of Article VI of the CBA is reproduced on the reverse side of this remittance form. Furthermore, the Employer hereby acknowledges and agrees that it is bound by the Agreements and Declarations of Trust (the "Trusts") establishing the Funds, which are incorporated by reference in the CBA. If the Employer wishes to receive a copy of the CBA or the Trusts, please contact the Funds' office at the address and phone number listed above.

LIVIF LOTER FEDERAL ID#						
All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT-						
EMPLOYERS NAME:	EMPLOYERS ADDRESS:					
JOB LOCATION						

Social Security #	Last Name	First Name	Straight	Overtime	Double time
,			Hours	Hours	Hours
			<u> </u>		
	Total Hours				
	x Rate		\$43.05	\$74.49	\$86.10
	Amount due:				

Payments covering contributions to the Cement Masons' Local 780 Trust Fund, Pension Fund, Vacation Fund, Annuity Fund, Apprenticeship Fund, Cement League Advancement, IAP Funds, LMC Fund, Pac-Mac, Strike, Dues, and International Dues shall be made weekly. A single check covering the combined contributions to the above mentioned Funds shall be made payable to Cement Masons' Local 780 Fringe Benefit Funds. This check shall be given to the shop steward or Cement Mason on the job on the employers regular pay day, who shall in turn verify the correctness of the amounts and the number of employees covered. Where an employee is laid off and receives his wages other than on the employers regular pay day, said employee shall be given a check to cover the contributions due the aforesaid funds.

The above Statements are warranted to be true and	correct	
Signature of Corporate Officer	Print Name	By signing
this form, you expressly acknowledge that you are an a	uthorized representative of the Employer and have the a	uthority to legally bind the
Employer.		