Page ______of ______

APPRENTICE FORM -May 1, 2011

Iron Workers L#60-500 W. Genesee St.,Syracuse, NY 13204

(tel)315 422-8209 (fax)315 478-2630

Mo.Remittance Report, Period ending___________________________

Contributions paid on hours worked, Less than 1/2 hr. should be rounded down.

1/2 hr. or more should be rounded up. Fringe reports to be filed on a monthly basis, per contract.

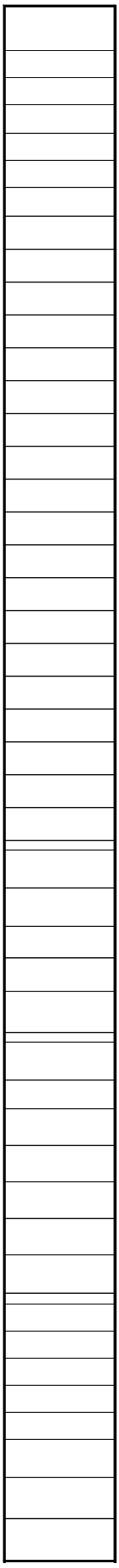
EMPLOYEE NAME	SOCIAL SECURITY #	RATE	YEAR	HOURS	GROSS WAGES
	TOTALS				

BENEFITS:	Total Hours X $8.60	=		Payable to: **IRON WORKERS L#60**
DUES ASSESSMENT:	6.00% of Gross Wages	=		**500 West Genesee St.**
ED. & TRAINING:	Total Hours X $0.50	=		**Syracuse, NY 13204**
TOTAL FOR THESE 3 FUNDS		=		

				Payable to: **IWDC OF WNY & VIC.**
PENSION:				**3445 Winton Pl, Ste 110**
1ST Year	No Contribution			**Rochester, NY 14623-2950**
2nd Year	Total Hours X $6.62	=		
3rd Year	Total Hours X $7.56	=		
4th Year	Total Hours X $8.51	=		
TOTAL FOR PENSION		=		

The undersigned employer subscribes and agrees to become bound by the terms and conditions of the Agreement & Declaration of Trust creating the Iron Workers Local #60 Funds and any Amendments thereof and authorized and accepts the appointment of the Employer Trustees and their successors as fully and completely as if made by the undersigned and agrees to make the contributions required by the prevailing bargaining agreement between the union contractors of the area and the union representing the employees listed herein. The Employer also certifies that none of the persons listed herein is a sole proprietor, partner, or self-employed individual.

NAME OF FIRM_______________________________________**OFFICER**____

ADDRESS____**TEL#**______________________

SUBMITTED BY___________________________________**TITLE**____________________**DATE**___________________