

# OHIO CONFERENCE OF PLASTERERS & CEMENT MASONS LOCAL 109

## MONTHLY EMPLOYER'S CONTRIBUTION REPORT

YOUNGSTOWN  
330-270-0453

3660 STUTZ DR. SUITE 101 CANFIELD, OH 44406-8149

TOLL FREE  
800-435-2388

1. COMPANY \_\_\_\_\_

PREPARE A SEPARATE REPORT FOR BUILDING AND FOR HEAVY/HIGHWAY.

INDICATE IF HEAVY & HIGHWAY CONTRIBUTIONS

OR BUILDING CONSTRUCTION CONTRIBUTIONS

COMPANY PHONE NO. \_\_\_\_\_

3. PAY PERIOD STARTING \_\_\_\_\_ AND ENDING \_\_\_\_\_  
(ONE MONTH ONLY)

2. SIGNATURE \_\_\_\_\_

UNION NUMBER **109** CRAFT \_\_\_\_\_

In consideration of the benefits to be derived from the above contributions the undersigned Employer agrees to be bound by, and accept the terms and conditions of, any Trust Agreements and/or Plan Documents (for fringe benefit funds) pertaining to the contributions herein made, as if made by the undersigned pursuant to a collective bargaining agreement between the employer and the Operative Plasterers and Cement Masons Local 109. The respective Trust Agreements and Plan Document(s) are hereby incorporated by reference as if fully rewritten herein.

4. DUES DEDUCTION: **5.0%** OF TOTAL PACKAGE ON HOURS WORKED

7. EMPLOYEE NAMES (LAST NAME FIRST) TYPE OR PRINT LEGIBLY.	SOCIAL SECURITY NUMBER	8. HOURS REPORTED			9. DUES (CHECK OFF)	10. GROSS WAGES	REMARKS
		8.a RT	8b. O/T/	8c. D/T			

CHECK HERE FOR MORE FORMS

CHECK HERE IF NO EMPLOYEES DURING PERIOD

This is page \_\_\_\_\_ of \_\_\_\_\_ pages.

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

12. TOTAL THIS PAGE

13. TOTAL ALL PAGES


14. TOTAL HOURS THIS PAGE

15. TOTAL HOURS ALL PAGES

16. TOTAL HOURS WORKED

COMPUTATION: 17. HOURS PAID ..... X \$ ..... = ..... \$ \_\_\_\_\_  
 DUES: 5.0% OF TOTAL PACKAGE ON HOURS WORKED \$ \_\_\_\_\_  
 18. TOTAL FRINGES, THIS REPORT .. \$ \_\_\_\_\_

BUILDING:	FUND CODE	AMOUNT	HEAVY & HIGHWAY FRINGES	FUND CODE	AMOUNT
HEALTH & WELFARE	WEL		HEALTH & WELFARE	WEL	
PENSION - 109	PEN		PENSION - 109	HHP	
ANNUITY	ANN		ANNUITY	ANN	
UNION DUES	DUE		UNION DUES	DUE	
APPRENTICESHIP	APP		APPRENTICESHIP	OCF	
INT'L. TRAINING FUND	ITF		CONTRACTORS DUES	OCA	
			INDUSTRY	IND	
			INT'L. TRAINING FUND	ITF	
			ADMINISTRATION FEE	ADM	
			20 TOTAL AMOUNT DUE		\$ _____
			21 10% LATE REPORTING ASSESSMENT		\$ _____
			22 TOTAL PAYMENT DUE		\$ _____

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3660 Stutz Dr. Suite 101 Canfield, OH 44406-8149

- |                               |   |
|-------------------------------|---|
| Item 1. Company:              | Complete name and full mailing address of company, including company phone number   |
| 2. Signature:                 | Name and position of person completing this report.   |
| 3. Pay period:                | Beginning and ending dates of pay included on this report, (one month only). NOTE: at time of collective bargaining negotiations, a separate report must be filed for the period of changed benefits. |
| 8. Hours Reported:            | 8a. R/T - straight time hours<br>8b. O/T - time-and-one-half hours<br>8c. D/T - double time hours   |
| 9. Dues check-off:            | The actual dollar amount of dues deducted from each employee's pay for the period must be entered here. Dues deducted is based on 5.0% of the total package based on hours worked.                    |
| 10. Gross Wages:              | The actual dollar amount paid in gross wages must be entered here.  |
| 16. Total Hours Worked:       | Add hours shown on line 15, columns 8a, 8b, and 8c.   |
| 17. Hours paid:               | Add hours shown on line 15, columns 8a, 8b plus 8c; multiply by current rate and enter dollar amount.   |
| 21. Late Reporting Assessment | If your report is not submitted by the 15th of the month, add 10% of line 20.   |
| 22. Total Payment Due:        | Enclose check for this amount payable to:<br>OHIO CONFERENCE OF PLASTERERS & CEMENT MASONS COMBINED FUNDS INC.<br>3660 STUTZ DR. SUITE 101<br>CANFIELD, OH 44406-8149                                 |

ALL REPORTS ARE DUE IN OUR OFFICE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. (FOR EXAMPLE: Reports for hours worked in May are due in our office by June 15th.)

\*\*\*\* *Thank you for your cooperation* \*\*\*\*