

**MONTHLY REMITTANCE REPORT – MILWAUKEE BUILDING TRADES BENEFIT FUNDS
RETIREMENT – HEALTH CARE – VACATION FUNDS & OTHER PROGRAMS**

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME		†	HOURS WORKED EACH WEEK					STRAIGHT TIME	OVERTIME	TOTAL HOURS	GROSS WAGES	VACATION PAY	401K AMOUNT	
	LAST NAME	FIRST NAME		REG	OT	WEEK 1	WEEK 2	WEEK 3							WEEK 4
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											TOTALS ▶				

† CODES FOR NON-PAYMENT 1. NOT ENTITLED TO HEALTH 2. NOT ENTITLED TO PENSION – APPRENTICE
3. NOT ENTITLED TO PENSION – OTHER 4. ALUMNI – ENTITLED TO PENSION

CHECK IF APPLICABLE: INITIAL – No previous Reports Submitted INACTIVE – No Employees This Month Final – Reason: _____ SUMMARY – Forms Attached

FUND	TOTAL HOURS	HOURLY RATE	BASE AMOUNT	DAMAGES	INTEREST	TOTAL PAID				
PENSION	▶	@					I (we) agree to be bound by all of the provisions (including making payments) relating to pension, health & welfare and vacation funds, as contained in the Milwaukee area multi-employer labor agreements covering employees in the trade for which this report is made, for our employees in such trade, for the duration of such labor agreements, and, further, agree to be bound by the applicable trust agreements. The Employer certifies that any employee listed on this remittance report performed the work reported hereon under a collective bargaining agreement. SIGNATURE _____ TITLE ▶ _____ DATE ▶ _____			
HEALTH	▶	@								
HEALTH MONTHLY	▶	@								
ANNUITY	▶	@								
APPRENTICESHIP TRAINING	▶	@								
INDUSTRY ADVANCEMENT	▶	@					EMPLOYER	EMPLOYER IRS NUMBER	CODE NUMBER	
UNION DUES	▶	@					ADDRESS			
JURY PAY	▶	@					CITY	STATE	ZIP	
	▶	@					UNION	REFERENCE NO.	MONTH AND YEAR WORKED	
	▶	@					ORDER SUPPLIES BY CHECKING BELOW			
							<input type="checkbox"/> FORMS	<input type="checkbox"/> ENVELOPES	PAGE NO.	OF PAGES
							TELEPHONE NUMBER	FAX NUMBER		
GRAND TOTAL										

