

"INSIDE AGREEMENT"

PLEASE TYPE ONLY

NAME ADDRESS CITY, STATE, ZIP PHONE #

LOCAL UNION NO. WHERE WORK IS PERFORMED 150

EMPLOYER'S FEDERAL REGISTRATION NO.

TOTAL NUMBER EMPLOYED THIS PERIOD

Bldg. Constr. Journeyman's Wage Rate Per Hour \$

Residential Wage Rate Per Hour \$

This Transmittal Covers ALL Payroll Weeks Ending In Calendar MONTH OF YEAR

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

- 1. BUILDING CONSTRUCTION 2. MOTOR REPAIR 3. SIGN 4. COMMUNICATIONS 5. MAINTENANCE 6. INSIDE APPRENTICE 22. RESIDENTIAL 23. RESIDENTIAL TRAINEE 26. OTHER (Including non-bargaining admin.) 27. ALUMNI

Table with 10 columns: COLUMN 1 (SOCIAL SECURITY NUMBER), COLUMN 2 (NAME OF EMPLOYEE), COL. 3 (CLASS), COL. 4 (TOTAL CLOCK HOURS), COL. 5 (GROSS EARNINGS), COL. 6 (H. & W.), COL. 7 (VAC.), COL. 8 (LOCAL PENSION), COL. 9 (LOCAL ANNUITY), COL. 10 (WORKING ASSESSMENT). Includes summary rows for 'TOTAL NUMBER PAGES THIS REPORT' and 'GRAND TOTAL, ALL PAGES'.

\*MAKE CHECKS PAYABLE TO NATIONAL ELECTRIC BENEFIT FUND FOR 3% OF THE GROSS EARNINGS (COL. 5) \$

\*MAKE CHECK PAYABLE TO NORTHEASTERN NECA FOR \*MAIL CHECKS WITH ORIGINAL AND FOURTH COPIES TO: OF THE GROSS EARNINGS (COL. 5) \$

NORTHEASTERN ILLINOIS EBB #141 31W007 NORTH AVENUE, SUITE 100 WEST CHICAGO, IL 60185 (630) 876-5363

ADD TOTALS: MAKE ONE CHECK PAYABLE AND MAIL TO: IBEW LOCAL UNION 150 P.O. BOX 574 BEDFORD PARK, IL 60499

- TOTAL WORKING ASSESSMENT
TOTAL H & W CONTRIBUTION
TOTAL APPRENTICESHIP CONTRIBUTION
TOTAL VACATION CONTRIBUTION
TOTAL PENSION CONTRIBUTION
TOTAL ANNUITY CONTRIBUTION
TOTAL L.M.C.C.
TOTAL ADMINISTRATIVE MAINTENANCE FUND

Check here

First report in this Local Union area

Final report in this Local Union area

When more forms are needed

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 therein.

FIRM NAME

SIGNATURE AND TITLE

DATE

CHECK TYPE OF BUSINESS ENTITY

SINGLE PROPRIETORSHIP CORPORATION PARTNERSHIP

\*FOR DISTRIBUTION OF OTHER COPIES - CONTACT BUSINESS MANAGER

