

"NATIONAL VDV"

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 \$
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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

COMMUNICATION (DUES & JATC ONLY)

COLUMN 1	COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE LAST NAME, FIRST NAME & MIDDLE INITIAL (ALPHABETICALLY)	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	H. & W.	VAC.	LOCAL PENSION	LOCAL ANNUITY	WORKING ASSESSMENT
TOTAL NUMBER PAGES THIS REPORT _____		TOTAL THIS PAGE							
		GRAND TOTAL, ALL PAGES							

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

*MAKE CHECK PAYABLE TO NORTHEASTERN NECA FOR _____ OF THE GROSS EARNINGS (COL. 5) \$ _____

*MAIL CHECKS WITH ORIGINAL AND FOURTH COPIES TO:
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:
LOCAL UNION 150
31290 N HWY 48, UNIT B
LIBERTYVILLE, IL 60048

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 for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions pursuant to Article 6 of the Agreement. The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME _____
 SIGNATURE & TITLE _____
 DATE _____

CHECK TYPE OF BUSINESS ENTITY

SINGLE PROPRIETORSHIP _____ CORPORATION _____ PARTNERSHIP _____

***FOR DISTRIBUTION OF OTHER COPIES -- CONTACT BUSINESS MANAGER**

