

PLEASE TYPE ONLY

5000 (see instructions) or

LOCAL UNION NO. WHERE WORK IS PERFORMED

150

EMPLOYER'S FEDERAL REGISTRATION NO.

TOTAL NUMBER EMPLOYED THIS PERIOD

NAME ADDRESS CITY, STATE, ZIP PHONE

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

16 Manufacturing 17 Maintenance 18 Utility 19 Communication 26 OTHER (non-bargaining unit) 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 and grand total.

*MAKE CHECK PAYABLE TO NATIONAL ELECTRICAL 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

IBEW LOCAL 150 P.O. BOX 574 BEDFORD PARK, IL 60499

MAIL TO:

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

Check here
First report in this Local Union area
Final report in this Local Union area
When more forms are needed
Contractor No.

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.

CHECK TYPE OF BUSINESS ENTITY

FIRM NAME

SINGLE PROPRIETORSHIP CORPORATION PARTNERSHIP

SIGNATURE & TITLE

DATE

