RESIDENTIAL

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
VARIOUS ELECTRICAL INDUSTRY FUNDS
AND
NATIONAL ELECTRICAL BENEFIT FUND

NAME
D.B. A.
ADDRESS
CITY, STATE, ZIP
PHONE
EMPLOYER'S FED ID #

LOCAL UNION NO. WHERE WORK IS PERFOMED - 150

FUND OFFICE EMPLOYER NUMBER

TOTAL NUMBER EMPLOYED THIS PERIOD _____

Bldg Constr Journeyman's Wage Rate Per Hour $	Residential Wage Rate Per Hour $	Communication Wage Rate Per Hour $
-		-

This Transmittal Covers ALL Payroll Weeks Ending in Calendar MONTH OF: _____

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.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1. BUILDING CONSTRUCTION 2. MOTOR REPAIR 3. SIGN 4. COMMUNICATIONS 5. MAINTENANCE 6. INSIDE APPRENTICE
16. MANUFACTURING 17. MAINTENANCE 18. UTILITY
22. RESIDENTIAL 23. RESIDENTIAL TRAINEE 26. OTHER (including non-bargaining admin) 27. ALUMNI

COLUMN 1 SOCIAL SECURITY NUMBER	COLUMN 2 NAME OF EMPLOYEE (ALPHABETICALLY) LAST NAME, FIRST NAME INITIAL	COL. 3 CLS	COL. 4 CLOCK HOURS	COL. 5 GROSS EARNINGS	COL. 6 H & W	COL. 7 VAC	COL. 8 PENSION	COL. 9 ANNUITY	COL. 10 DUES ASSMT
	TOTAL THIS PAGE								
	TOTAL ALL PAGES								

TOTAL NO. PAGES THIS REPORT _____

*MAKE CHECK PAYABLE TO NATIONAL ELECTRIC BENEFIT FUND FOR 3% OF THE GROSS EARNINGS (COL 5) $ _____
*MAKE CHECK PAYABLE TO NORTHEASTERN NECA (If Applicable) $ _____
*MAIL CHECK WITH 2 COPIES TO:

*NORTHEASTERN ILLINOIS EBB #141
31W007 North Avenue, Suite 100
West Chicago, IL 60185
(630) 876-5363

ADD TOTALS:
MAKE **ONE CHECK** AND MAIL WITH COPY TO:
IBEW Local 150
PO Box 574
Bedford Park, IL 60499

TOTAL H & W CONTRIBUTION _____
TOTAL ANNUITY _____
TOTAL PENSION CONTRIBUTION _____
TOTAL WORKING ASSESSMENT _____
TOTAL APPRENTICESHIP CONTRIBUTION _____
TOTAL LMCC _____
TOTAL ADMINISTRATIVE MAINTENANCE _____

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 Here:

First Report in this Local Union area _____
Final Report in this Local Union area _____
When more forms are needed _____

FINES ASSESSED FOR LATE REPORT
Fines will be assessed if reports (includes "No Hours") are not received in our Office by the 15th

FIRM NAME _____
SIGNATURE & TITLE _____
DATE _____