STAPLE CONTINUATION SHEETS HERE

# MONTHLY PAYROLL REPORT FOR OTHER THAN ELECTRICAL CONTRACTORS
## VARIOUS ELECTRICAL INDUSTRY FUNDS
## AND
## NATIONAL ELECTRICAL BENEFIT FUND
## "NATIONAL VDV AGREEMENT"

HEALTH & WELFARE Account No. _____

Page No. 1

PLEASE TYPE ONLY

NAME
ADDRESS
CITY, STATE, ZIP
PHONE

5000 (see instructions) or

LOCAL UNION NO. WHERE WORK IS PERFORMED 150

EMPLOYER'S FEDERAL REGISTRATION NO.

TOTAL NUMBER EMPLOYED THIS PERIOD →

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 Maintenence 18 Utility 19 Communication 26 OTHER (non-bargaining unit) 27 ALUMNI

| 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 | CLASS | TOTAL CLOCK HOURS | GROSS EARNINGS | H & W | VAC. | LOCAL PENSION | LOCAL ANNUITY | WORKING ASSESSMENT |
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| TOTAL NUMBER PAGES THIS REPORT _____ | TOTAL THIS PAGE | | | | | | | | |
| | GRAND TOTAL, ALL PAGES | | | | | | | | |

*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**

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

- TOTAL WOKRING 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

SINGLE PROPRIETORSHIP _____ CORPORATION _____ PARTNERSHIP _____

FIRM NAME _____

SIGNATURE & TITLE _____

DATE _____

FORM PR-66 (2/2001)

*FOR DISTRIBUTION OF OTHER COPIES — CONTACT BUSINESS MANAGER

ORIGINAL FOR NATIONAL ELECTRICAL BENEFIT FUND