MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
REPORTING CONTRIBUTIONS TO VARIOUS FUNDS TOGETHER WITH
NATIONAL ELECTRICAL BENEFIT FUND

STAPLE CONTRIBUTION SHEETS HERE

☐ PERMANENT CONTR.
☐ TRAVELING CONTR.

PLEASE TYPE OR PRINT

NAME
ADDRESS
CITY, STATE, ZIP
AREA CODE, PHONE

LOCAL UNION NO. WHERE WORK IS PERFORMED: 545

EMPLOYER'S FEDERAL REGISTRATION NO. _____

TOTAL NUMBER EMPLOYED THIS REPORT →

Bldg. Constr. Journeyman's 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 Agency 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; 22 Residential Wiremen; 23 Residential Apprentice; 24 Material Handlers/Helpers; 26 Other (including non-bargaining unit); 27 Alumni

COLUMN 1 SOCIAL SECURITY NUMBER	COLUMN 2 NAME OF EMPLOYEE LAST NAME AND INITIALS	COL. 3 CLASS	COLUMN 4 TOTAL CLOCK HOURS	COLUMN 5 WAGE RATE	COLUMN 6 STRAIGHT TIME WAGES	COLUMN 7 GROSS EARNINGS
TOTAL NUMBER PAGES THIS REPORT_____	TOTAL THIS PAGE					
	GRAND TOTAL ALL PAGES					

A. MAKE CHECK PAYABLE TO: National Electrical Benefit Fund for 3% of Gross Earnings ..... $

B. MAKE CHECK PAYABLE TO: Kansas City Chapter, NECA Service Charge (Members Only)
Current Service Charge Rate x Gross Earnings (Column 5) ..... $

C. MAKE CHECK PAYABLE TO: Administrative Maintenance Fund (Per current labor agreement) ..... $

D. MAKE CHECK PAYABLE TO: NLMCC Fund (Inside, Stockman / Driver, Residential)
(per current labor agreement) ..... $

Mail Four (4) separate checks with original and Sheet 3 to: Kansas City Chapter, NECA P.O. Box 32255, Kansas City, MO 64171

E. DAKOTAS FUNDS/CONSOLIDATED RECEIVING FUND

1. **Dakotas Health & Welfare Fund (Per current labor agreement)** ..... $_____
2. **Dakotas Qualified Pension/Annuity Fund:**
   - a. **Inside (Per current labor agreement)** ..... $_____
   - b **Stockman/Driver (Per current labor agreement)** ..... $_____
   - c. **Residential (Per current labor agreement)** ..... $_____
3. **Dakotas Vacation/Holiday Fund (Per current labor agreement)** ..... $_____
4. **Apprenticeship & Training* (Per current labor agreement)** ..... $_____
   (*Do **not** include Stockman/Drivers in Apprenticeship Computations.)
5. **Consolidated Receiving Fund (Total Clock Hours x $.05)** ..... $_____

Make one (1) check for total of Item "E" payable to: ..... $
Consolidated Receiving Fund 2901 1st Ave. N., Fargo, ND 58102-3001 (Mail with Sheets 2 and 5.)

F. LOCAL UNION NO. 545, IBEW DUES DEDUCTIONS (Per current authorization forms—see instructions)

1. **Dues Deductions** ..... $
   Make one (1) check for total Dues Deductions.
2. **Voluntary Political Fund Deductions** ..... $
   Make one (1) check for total Voluntary Political Fund Deductions.

Mail both checks to: Local Union No. 545, IBEW, 421 S. 8th Street, St. Joseph, MO 64501 (Mail with Sheet 4.)

CHECK HERE

FIRST REPORT IN THIS LOCAL UNION AREA _____
FINAL REPORT IN THIS LOCAL UNION _____
WHEN MORE FORMS ARE NEEDED _____

CHECK TYPE OF BUSINESS ENTITY

Single Proprietorship____ Corporation____
Partnership ____ ____

FORM MPR-45 (Rev. 9/04)

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. 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 _____ Date_____

Signature & Title _____

CONTINUATION SHEET

APPRENTICE TRAINING AND HEALTH & WELFARE FUNDS together with NATIONAL ELECTRICAL BENEFIT FUND

Page No. _____

PLEASE TYPE OR PRINT

NAME
ADDRESS
CITY, STATE, ZIP
AREA CODE, PHONE

LOCAL UNION NO. WHERE WORK IS PERFORMED **545**

EMPLOYER'S FEDERAL REGISTRATION NO. ____________________

This Transmittal Covers ALL Payroll Weeks Ending in Calendar MONTH OF____________________ Year _______

COLUMN 1	COLUMN 2	COL. 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE LAST NAME AND INITIALS	CLASS	TOTAL CLOCK HOURS	WAGE RATE	STRAIGHT TIME WAGES	GROSS EARNINGS
Check ________ when more forms are needed.	TOTAL THIS PAGE					

FORM MPR-45A (Rev. 8/99)

S729

NATIONAL ELECTRICAL BENEFIT FUND

Original