STAPLE CONTINUATION SHEETS HERE

REPORT FOR NEBF PARTICIPATING EMPLOYERS OTHER THAN ELECTRICAL CONTRACTORS

NATIONAL ELECTRICAL BENEFIT FUND

PLEASE TYPE OR PRINT

NAME

ADDRESS

CITY,

STATE

LOCAL UNION NO. WHERE WORK IS PERFORMED

EMPLOYER'S FEDERAL REGISTRATION NO.

TOTAL NUMBER EMPLOYED THIS PERIOD →

This Transmittal Covers ALL Payroll Weeks Ending in Calendar MONTH OF ..... 20 .....

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 27 ALUMNI 26 Other (Non-Bargaining Unit)

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASSIFICATION	TOTAL CLOCK HOURS	GROSS EARNINGS
	TOTAL THIS PAGE			
TOTAL NUMBER PAGES THIS REPORT _____	GRAND TOTAL ALL PAGES			

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

MAIL CHECK TO:

Kansas City Chapter, NECA #31
P.O. Box 32255
Kansas City, MO 64171

Check here

First report in this Local Union area .....

Final report in this Local Union area .....

When more forms are needed .....

CHECK TYPE OF BUSINESS ENTITY

SINGLE PROPRIETORSHIP ..... CORPORATION .....

PARTNERSHIP ....

The undersigned hereby adopts and agrees to be bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to such Fund as provided for therein. I hereby acknowledge having received a copy of the above Agreement. I certify 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). I further certify that no proprietor, partner, or majority shareholder is included in this report. I further certify that if contributions are made on behalf of non-bargaining unit employees, I am covering all such non-bargaining unit employees, except those who must or may be excluded pursuant to Section 6.3.1 (b) (i) and/or (ii) of the Agreement. I further certify that if I am reporting on behalf of a related organization as defined in Section 6.3.2 of the Agreement, all employees of the organization are covered, except those who may be excluded pursuant to Section 6.3.2 of the Agreement.

FIRM NAME .....

SIGNATURE & TITLE .....

DATE .....

CONTINUATION SHEET

Page No.

PLEASE TYPE OR PRINT

NAME

ADDRESS

CITY,
STATE

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

EMPLOYER'S FEDERAL
REGISTRATION NO. ....

This Transmittal Covers ALL Payroll Periods Ending in Calendar MONTH OF .... 19............

COLUMN 1			COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME AND INITIALS	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS
Form No. PR-2 1-93	Check .... when more forms are needed.		TOTAL THIS PAGE			

NEBF