MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS

REPORTING CONTRIBUTIONS TO VARIOUS FUNDS TOGETHER WITH NATIONAL ELECTRICAL BENEFIT FUND

STAPLE CONTINUATION SHEETS HERE

☐ PERMANENT CONTR.
☐ TRAVELING CONTR.

95

PLEASE TYPE OR PRINT

NAME
ADDRESS
CITY, STATE
PHONE #

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 _____ 20 ____

This report and payment shall be mailed to reach the office of the appropriate Local Board 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 Trainee; 24 Material Handlers/Helpers; 26 Other (including non-bargaining unit); 27 Alumni

COLUMN 1 SOCIAL SECURITY NUMBER	COLUMN 2 NAME OF EMPLOYEE LAST NAME, FIRST NAME & MIDDLE INITIAL	COL. 3 CLASS	COLUMN 4 TOTAL CLOCK HOURS	COLUMN 5 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 Labor Agreement) ..... $
Mail Four (4) separate checks with original and Sheet 5 to: Kansas City Chapter, NECA P.O. Box 32255, Kansas City, MO 64171

E. IMPORTANT NOTE: Mail Sheets 3 and 4 and Three (3) Separate Checks to:
L.U. #95, IBEW, 3316 S. MAIN, JOPLIN, MO 64804
Make Checks Payable To:
1. IBEW, L.U. #95-Dues Deduction (Per Current Authorization Forms). ..... $
2. IBEW, L.U. #95-Voluntary Political Fund Deduction (Make one (1) check for Total Voluntary Political Fund Deduction) .. $
3. IBEW, L.U. #95-NECA Vacation Fund ..... **(Per current labor agreement)** .... $

F. IMPORTANT NOTICE: Make one (1) Check for Item "F" Payable to:
Consolidated Receiving Fund 2901 1st AVE. N., Fargo, ND 58102-3001
And mail with Sheets 2, 6 & 7
1. Health & Welfare Fund (per current labor agreement) ..... $ _____
2. Annuity Plan (Inside) (per current labor agreement) ..... $ _____
3. Annuity Plan (Stockman/Drivers) (per current labor agreement) ..... $ _____
4. Apprenticeship Training Fund ..... $ _____
5. Consolidated Receiving Fund (Total Clock Hours X $.05) ..... $ _____
TOTAL–ITEM "E" ..... $

G. Make one (1) Check for Item "G" Payable and mail Sheet 8 to: ..... $
CISAP, Data Entry Department, 6405 Metcalf, Suite 200, Overland Park, KS 66202

H. Copy 9 to be retained by Employer

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-116 (Rev. 6/13)

PRINTED 6/13

Original

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 _____

Signature & Title _____

Date _____

GCC/IBT 46-S

CONTINUATION SHEET

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

Page No. ______

PLEASE TYPE OR PRINT

NAME
ADDRESS
CITY, STATE

LOCAL UNION NO. WHERE WORK IS PERFORMED **95**

EMPLOYER'S FEDERAL REGISTRATION NO.________________

This Transmittal Covers ALL Payroll Weeks Ending in Calendar MONTH OF________________, 20____

COLUMN 1	COLUMN 2	COL. 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE LAST NAME AND INTIALS	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	STRAIGHT TIME WAGES	PREMIUM WAGES	VOLUNTARY P. F. DEDUCT
Check ___ when more forms are needed.		TOTAL THIS PAGE					

FORM MPR-44A
REV. 8/03

ORIGINAL

NATIONAL ELECTRICAL BENEFIT FUND