EMPLOYERS COMBINED MONTHLY REPORT FOR INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL #542

REPORT FOR THE MONTH ENDING: **MM/DD/YY**

EMPLOYEE NAME LAST	FIRST	SOCIAL SECURITY #	Dist.	JOINT FUNDS HOURS WORKED	GROSS WAGES	*Pinpoint @ $.50/hour	HOURS PAID
Doe	John	123-45-6789	3	168.00	$5,500.56	$86.00	172.00
				160 Straight Time Plus 8 Hours @ Time and a Half (or 12 Hours) Equals 172 Hours Paid			
	Sample 7 County Building						
		TOTALS		168.00	$5,500.56	$86.00	172.00

*SURCHARGES Wage Group	Contract Code	Wel./Appr. Rate/hour	Welfare Amount	SUB Rate/hr.	SUB Amount	**ANNUITY HRS. @ $5.00	HRS. @	TOTAL ANN. AMT.	*IND. ADV. FUND @ $0.15/HR
I	7C	$3.80	$653.60	$0.11	$18.92	168.00		$840.00	n/a
	See Surcharge Schedule for Rates of Different Wage Groups								
			$653.60		$18.92	168.00		$840.00	n/a

*** Calculated on Hours Paid**
**** Calculated on Hours Worked**

Contribution Due	Amt. Paid	Over/Under	Fund		
			Pen.	10.5%	MAIL THIS REPORT
			Wel.	16.0%	WITH REMITTANCES TO:
			Appr.	1.0%	I.U.O.E. 542
			SUB	2.0%	BENEFIT FUNDS
			Ann.	YES	P.O. BOX 1477
			Surch.	YES	FORT WASHINGTON
			C/off	3.9%	PA 19034
			H/H		

CONTRIBUTION CALCULATION		
Gross Wages: $5,500.56 X	29.50%	$1,622.67
Total Welfare and SUB Surcharges:		$672.52
Annuity Total:		$840.00
Pinpoint Contribution:		$86.00
*GRAND TOTAL BENEFIT FUNDS:		$3,221.19
**Dues Check-Off @	3.90%	$214.52
***Ind. Advancement Fund @	0.15/hr.	n/a

The undersigned employer agrees to be bound by the terms and conditions of the existing Collective Bargaining Agreement and the Trust Agreement as presently constituted and as since been amended. The undersigned affirms that he/she is authorized to execute this document and in behalf of the contributing employer.

Signed by_____

Date_____

* CHECK PAYABLE TO: "I.U.O.E. BENEFIT FUNDS" ** CHECK PAYABLE TO: "I.U.O.E. LOCAL 542" *** CHECK PAYABLE TO: "H/H INDUSTRY ADVANCEMENT FUND"