1 REPORT FOR MONTH ENDING:

2 EMPLOYEE NAME LAST	FIRST	3(a) SOCIAL SECURITY NUMBER	3(b) Distr.	4 JOINT FUNDS 4(a) HOURS	4(b) GROSS WAGES	5	6
THIS PAGE →							
TOTALS							
ALL PAGES →				4(a)	4(b)	5	6

7 SURCHARGES (a) Wage Group	(b) Con-tract Code	(c) Welf. Appr. Rate Per/Hr.	(d) WELF./APPR. SURCHARGE AMOUNT	(e) SUB. Rate Per/Hr.	(f) SUB. SURCHARGE AMOUNT
			7(d)		7(f)

8 ANNUITY (a) Hours At $	(b) Hours At $	(c) TOTAL ANNUITY AMOUNT	9
		8(c)	9

CONTRIBUTION RATES	
Pension	
Welfare	
Apprentice	
S.U.B.	
TOTAL *	

* % x Gross Wages

Pinpoint
Annuity
Wel Surcharge
SUB Surcharge
Check-off

BENEFIT FUNDS OFFICE USE ONLY			
Contribution Due	Amount Paid	Over/Under	Fund
			Pension
			Welfare
			Apprentice
			SUB
			Annuity
			Surcharge
			Check-off
			Ind. Adv. Fund
			Pinpoint

MAIL THIS REPORT WITH REMITTANCES TO

I.U.O.E. 542

BENEFIT FUNDS

PO BOX 1477

FORT WASHINGTON, PA

19034

CONTRIBUTION CALCULATION - EMPLOYER MUST COMPLETE		
10 EMPLOYERS BENEFIT CONTRIBUTIONS:		
Gross Wages (4b)		
X =		
Total Surcharge 7(d) + 7(f) →		
Total Annuity 8(c) →		
Pinpoint 5 →		
GRAND TOTAL BENEFIT FUNDS → Check Payable to "JOINT FUNDS-ENGINEERS E. PA & DE"		
11 UNION DUES: CHECK-OFF @ X Gross Wages 4(b) Check Payable to "IUOE Local 542"		
12 INDUSTRY ADVANCEMENT FUND: Check Payable to "H/H INDUSTRY ADVANCEMENT FUND"		

REPORT PREPARER Please Print

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 _____

(Title)

FUND COPY