

**MONTHLY REMITTANCE REPORT – MILWAUKEE BUILDING TRADES BENEFIT FUNDS
RETIREMENT – HEALTH CARE – VACATION FUNDS & OTHER PROGRAMS**

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME		†	HOURS WORKED EACH WEEK					STRAIGHT TIME	OVERTIME	TOTAL HOURS	GROSS WAGES	VACATION PAY	401K AMOUNT
	LAST NAME	FIRST NAME		REG	OT	WEEK 1	WEEK 2	WEEK 3						
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				TOTALS ▶										

† CODES FOR NON-PAYMENT 1. NOT ENTITLED TO HEALTH 2. NOT ENTITLED TO PENSION – APPRENTICE
3. NOT ENTITLED TO PENSION – OTHER 4. ALUMNI – ENTITLED TO PENSION

CHECK IF APPLICABLE: INITIAL – No previous Reports Submitted INACTIVE – No Employees This Month Final – Reason: _____ SUMMARY – Forms Attached

FUND	TOTAL HOURS	HOURLY RATE	BASE AMOUNT	DAMAGES	INTEREST	TOTAL PAID				
PENSION	▶	@					I (we) agree to be bound by all of the provisions (including making payments) relating to pension, health & welfare and vacation funds, as contained in the Milwaukee area multi-employer labor agreements covering employees in the trade for which this report is made, for our employees in such trade, for the duration of such labor agreements, and, further, agree to be bound by the applicable trust agreements. The Employer certifies that any employee listed on this remittance report performed the work reported hereon under a collective bargaining agreement. SIGNATURE _____ TITLE ▶ _____ DATE ▶ _____			
HEALTH	▶	@								
HEALTH MONTHLY	▶	@								
ANNUITY	▶	@								
APPRENTICESHIP TRAINING	▶	@					EMPLOYER _____ EMPLOYER IRS NUMBER _____ CODE NUMBER _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____			
INDUSTRY ADVANCEMENT	▶	@								
UNION DUES	▶	@					UNION _____ REFERENCE NO. _____ MONTH AND YEAR WORKED _____ ORDER SUPPLIES BY CHECKING BELOW <input type="checkbox"/> FORMS <input type="checkbox"/> ENVELOPES PAGE NO. _____ OF _____ PAGES			
JURY PAY	▶	@								
	▶	@					TELEPHONE NUMBER _____ FAX NUMBER _____			
GRAND TOTAL										

