MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS

NATIONAL ELECTRICAL BENEFIT FUND

CONTRACTOR NAME & ADDRESS _____ [ ] TRAVELING CONTR. [ ] PERMANENT CONTR.

LOCAL UNION: **363**

FEDERAL ID# _____

TOTAL # EMPLOYED: _____

PAYROLL PERIOD: _____

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
*****	**Total 2nd. Page**	****		
TOTAL THIS PAGE:				

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

MAKE CHECK PAYABLE TO NLMCC FUND FOR .01 PER HOUR WORKED (COL.4) _____

CHECK PAYABLE TO THE ADMINISTRATIVE MAINTENANCE FUND FOR .05 PER HOUR WORKED (COL.4) _____

(IF A MEMBER) NECA MEMBER SERVICE CHARGE .75% OF GROSS (COL. 5) _____

Mail the checks and 2 copies of this form to:

HUDSON VALLEY EBB #94
375 ROUTE 32
CENTRAL VALLEY, NY 10917

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 for 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.

CHECK HERE
FIRST REPORT IN THIS LOCAL UNION AREA: [ ]
FINAL REPORT IN THIS LOCAL UNION AREA: [ ]
WHEN MORE FORMS ARE NEEDED: [ ]

FIRM NAME: _____
SIGNATURE&TITLE: _____
DATE: _____

CHECK TYPE OF BUSINESS ENTITY

SINGLE PROPIERTORSHIP [ ] CORPORATION [ ]
PARTNERSHIP [ ] OTHER [ ]