

CEMENT MASONS LOCAL 404

1417 E. 25th Street, Cleveland, Ohio 44114

BUILDING TRADE FRINGE BENEFITS FORM

5/1/21

COMBINED MONTHLY EMPLOYER'S CONTRIBUTION REPORT

THIS IS SHEET NUMBER _____ OF _____ SHEETS

HOURS WORKED IN MONTH OF _____,

FOR PAYROLL PERIOD ENDING _____,

(NOTE: Report for all weekly payroll periods ending in the above month.)

This report is due no later than the 15th day of the month for employment of the preceding month. 10% assessment for late filing.

EMPLOYER'S NAME AND ADDRESS

Employee's Name	SS#	Straight Time Hrs.	Overtime Hours	Double Time Hrs.	Gross Wages	Working Dues Per Employee	Savings Plan Per Employee
TOTALS THIS PAGE							
GRAND TOTAL ALL PAGES							

SAVINGS PLAN - Total Straight Time Hours _____ x \$2.75\$ _____
 Total Overtime Hours _____ x \$4.13\$ _____
 Total Overtime Hours _____ x \$5.50\$ _____

UNION DUES - Journeyman Total Straight Time Hours _____ x \$2.31\$ _____
 Total Overtime Hours _____ x \$3.47\$ _____
 Total Overtime Hours _____ x \$4.62\$ _____
 Foreman Total Straight Time Hours _____ x \$2.40\$ _____
 Total Overtime Hours _____ x \$3.60\$ _____
 Total Overtime Hours _____ x \$4.80\$ _____
 Apprentice Total Straight Time Hours _____ (See Schedule)\$ _____
 Total Overtime Hours _____ (See Schedule)\$ _____
 Total Overtime Hours _____ (See Schedule)\$ _____

BLDG. FUND - B.T.C. - Total Straight Time Hours _____ x \$.42\$ _____
 Total Overtime Hours _____ x \$.63\$ _____
 Total Overtime Hours _____ x \$.84\$ _____

PENSION FUND - Total Straight Time Hours _____ x \$6.80\$ _____
 NOT DEDUCTED (PAID BY EMPLOYER) Total Overtime Hours _____ x \$10.20\$ _____
 Total Overtime Hours _____ x \$13.60\$ _____

HEALTH & WELFARE FUND - Total Straight Time Hours _____ x \$8.80\$ _____
 NOT DEDUCTED (PAID BY EMPLOYER) Total Overtime Hours _____ x \$13.20\$ _____
 Total Overtime Hours _____ x \$17.60\$ _____

ANNUITY FUND - NOT DEDUCTED (PAID BY EMPLOYER)
 Journeyman, Foreman, General Foreman - Total Straight Time Hours _____ x \$5.33\$ _____
 Total Overtime Hours _____ x \$8.00\$ _____
 Total Overtime Hours _____ x \$10.66\$ _____
 Apprentices - Total Straight Time Hours _____ x \$2.67\$ _____
 Total Overtime Hours _____ x \$4.01\$ _____
 Total Overtime Hours _____ x \$5.34\$ _____

CONSTRUCTION INDUSTRY SERVICE - Total Straight Time Hours _____ x \$.20\$ _____
 NOT DEDUCTED (PAID BY EMPLOYER) Total Overtime Hours _____ x \$.30\$ _____
 Total Overtime Hours _____ x \$.40\$ _____

JOINT APPRENTICESHIP TRUST FUND - Total Straight Time Hours _____ x \$.50\$ _____
 NOT DEDUCTED (PAID BY EMPLOYER) Total Overtime Hours _____ x \$.75\$ _____
 Total Overtime Hours _____ x \$1.00\$ _____

INTERNATIONAL TRAINING FUND - Total Straight Time Hours _____ x \$.07\$ _____
 NOT DEDUCTED (PAID BY EMPLOYER)

TOTAL AMOUNT DUE.....\$ _____
 10% Assessment for late filing.....\$ _____
 TOTAL AMOUNT DUE.....\$ _____

For Additional forms
Call the Union Office 216-771-3929

Make check available to:
OHIO CONFERENCE OF PLASTERERS
AND CEMENT MASONS COMBINED FUND

Retain Yellow copy for your files
Forward white copy with check to:
33 Fitch Blvd.
Austintown, Ohio 44515

SECTION 4413.15 OF THE OHIO REVISED CODE MAKES IT A CRIMINAL OFFENSE FOR FAILURE TO PAY FRINGE BENEFIT CONTRIBUTIONS ON BEHALF OF YOUR EMPLOYEES. BY SIGNING THIS FORM AND SUBMITTING AUTHORIZATION TO BIND THE EMPLOYER, ON WHOSE BEHALF THE PAYMENT IS MADE, TO THE CURRENT APPLICABLE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH EMPLOYEES ARE WORKING ALONG WITH VARIOUS TRUST DOCUMENTS OF THE VARIOUS FRINGE BENEFIT FUNDS TO WHICH THE FRINGE BENEFIT CONTRIBUTIONS ARE PAID.

Authorized Signature _____

Date _____