

Region 2 Jamestown Painter/Taper Contribution Remittance Report
585 Aero Drive, Cheektowaga, NY 14225 * Phone (716) 565-0303 * Fax (716) 565-0306
This Form is Effective on wages paid May 1, 2018 through April 30, 2019

Employer _____

Period Beginning _____

Address _____

Period Ending _____

Prepared By _____

Phone # _____

Email _____

Total Payment _____

Check # _____

Please check if you have no hours to report

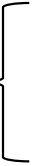
| Members Name | Social Security # | Local Union | Hours Worked | Wages |
|--------------|-------------------|---------------|--------------|-------|
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| | | Totals | | |

For office use only

| Rate | | Hours/Wages | Total Due |
|--------------------------|---------------------|-------------|-----------|
| \$ 8.44 | H&W | | |
| \$ 0.75 | DC4 FTI | | |
| \$ 0.05 | IUPAT LMCI | | |
| \$ 0.10 | IUPAT FTI | | |
| \$ 8.04 | IUPAT Pension | | |
| \$ 0.20 | DC4 LMCI | | |
| \$ 0.05 | PAT | | |
| \$ 0.05 | Scholarship | | |
| \$ 0.05 | DC4 Organizing Fund | | |
| 5% gross wages | Dues check off | | |
| Total Payment Due | | | |

Please make ONE check payable to P.D.C. #4 Trust Funds and mail to 585 Aero Drive, Cheektowaga, NY 14225

Employee Deductions



All payments to the Fund shall be paid no later than the 45th day following the end of the month for which the hours were worked.