**Region 1 (Buffalo, Niagara Falls, Olean) Painter 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, 2026 through December 31, 2026**

Employer _____ Period Beginning _____

Address _____ Period Ending _____

_____ Phone# _____

Prepared By _____ Email: _____

Total Payment _____ Check # _____ ☐ Please check if you have no hours to report

| Members Name | IUPAT Member ID# | Hours Worked | Gross Wages |
|---|---|---|---|
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| | Totals | | |

NOTES:

Please make ONE check payable to

P.D.C. #4 Trust Funds and mail to

585 Aero Drive, Cheektowaga, NY 14225

FOR OFFICE USE ONLY

| | Rate | Hours/Wages | Total Due |
|---|---|---|---|
| H&W | $ 10.69 | | |
| Sub | $ 1.05 | | |
| DC4 FTI | $ 0.85 | | |
| PDCA | $ 0.05 | | |
| IUPAT FTI | $ 0.10 | | |
| IUPAT LMCI | $ 0.10 | | |
| STAR | $ 0.15 | | |
| IUPAT Annuity | $ 6.47 | | |
| IUPAT Pension | $ 9.98 | | |
| DC4 Org. Fund | $ 0.05 | | |
| BBT DCO | $ 0.04 | | |
| Admin Dues | $ 0.35 | | |
| Dues Check Off Fringes | $ 1.03 | | |
| Dues Check Off Wages | 3.5% gross wages | | |
| | | Total Payment Due | |

Employee Deductions

| | |
|---|---|
| Fringe Benefits | |
| Employee Deductions | |
| Total | |