

**Region 1 (Buffalo, Niagara Falls, Olean) 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 January 1, 2026 through April 30, 2026**

**Employer** \_\_\_\_\_

**Period Beginning** \_\_\_\_\_

## Address

**Period Ending**

**Phone#**

**Prepared By** \_\_\_\_\_

**Email** \_\_\_\_\_

## Total Payment

**Check #**  **Please check box if you have no hours to report**

1

**Please check box if you have no hours to report**

**NOTES:**

	Rate	Hours/Wages	Total Due
H&W	\$ 10.79		
Sub	\$ 1.05		
DC4 FTI	\$ 0.85		
PDCA	\$ 0.05		
IUPAT FTI	\$ 0.10		
IUPAT LMCI	\$ 0.10		
STAR	\$ 0.15		
IUPAT Annuity	\$ 5.83		
IUPAT Pension	\$ 9.89		
DC4 Org. Fund	\$ 0.05		
BBT DCO	\$ 0.04		
Admin Dues	\$ 0.35		
Dues Check off Fringes	\$ 1.01		
Dues Check off Wages	3.5% gross wages		
			Total Payment Due

**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**

## Employee Deductions

## REFERENCES AND NOTES