## LU660 GW/Fab/Shop/Residential 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, 2025 through December 31, 2025

Total Payment Check # Please check if you have no hours to remain the second se	Employer					Period Beginning			
Prepared By Phone # Email Please check if you have no hours to read Payment Please check if you have no hours to read Payment Please check if you have no hours to read Please check if you have no hours to read Please check if you have no hours to read Please check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no hours to read Please Check if you have no ho									
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Members Name  IUPAT Member ID  Hours Worked  Wages  FOR OFFICE USE ONLY  Rate  Hours/Wages  Total Due  H&W \$ 8.25  660 Annuity \$ 4.15  IUPAT Pension \$ 5.46	Prepared By				Phone #		Email		
FOR OFFICE USE ONLY    Rate   Hours/Wages   Total Due	Fotal Payment	Check #			Please check if you have no hours to report				
H&W \$ 8.25 660 Annuity \$ 4.15 IUPAT Pension \$ 5.46	Members Name			IUPAT Member ID		Hours Worked	Wages		
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IUPAT Pension \$ 5.46				H&W	\$	8.25			
				660 Annuity	\$	4.15			
				IUPAT Pension	\$	5.46			
DC4 FTI \$ 0.40				DC4 FTI	\$	0.40			
Please make one check payable to IUPAT FTI \$ 0.10	Please make one check payable to			IUPAT FTI	\$	0.10			
P.D.C. #4 Trust Funds & Mail to IUPAT LMCI \$ 0.10	P.D.C. #4 Trust Funds & Mail to			IUPAT LMCI	\$	0.10			
585 Aero Drive, Cheektowaga, NY 14225 STAR \$ 0.15				STAR	\$	0.15			
NAGMA \$ 0.05				NAGMA	\$	0.05			
IUPAT Admin dues \$ 0.25	NOTES		ı ſ	IUPAT Admin dues	\$	0.25			
NOTES: Employee Deductions DC4 Org. Fund \$ 0.10	NOTES:			DC4 Org. Fund					
Dues Check off 3% gross wages				Dues Check off	3% gro	ss wages			
Total Payment Due									