**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, 2023 through April 30, 2024**

**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 | Wages |
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| | | 0.00 | $ - |

NOTES:

FOR OFFICE USE ONLY

| | Rate | Hours/Wages | Total Due |
|---|---|---|---|
| H&W | $ 8.84 | 0.00 | $ - |
| DC4 FTI | $ 0.80 | 0.00 | $ - |
| IUPAT FTI | $ 0.10 | 0.00 | $ - |
| IUPAT LMCI | $ 0.10 | 0.00 | $ - |
| STAR | $ 0.15 | 0.00 | $ - |
| IUPAT Pension | $ 9.51 | 0.00 | $ - |
| DC4 Org. Fund | $ 0.05 | 0.00 | $ - |
| PAT | $ 0.05 | 0.00 | $ - |
| Admin Dues | $0.10 | 0.00 | $ - |
| Dues Check off | 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**