EFFECTIVE
5-1-16

PLUMBER AND PIPEFITTERS LOCAL No. 190

# CONTRACTOR'S MONTHLY PAYROLL REPORT

Page No._____

## MICHIGAN GAS DISTRIBUTION

## JOURNEYMAN INSTALLER - ZONE 1

Employer _____

Address _____ Zip Code _____

Telephone _____ FAX No. _____

**THIS REPORT IS DUE THE 19TH OF THE MONTH!**

Employer's Report for Payroll Month Ending _____

**LIST ALL EMPLOYEES ALPHABETICALLY AND SHOW ONLY ACTUAL HOURS WORKED**

| 1. EMPLOYEE'S NAME | 2. SOCIAL SECURITY NUMBER | 3. HOURS WORKED | 4. 401k PLAN |
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| | **TOTALS** | | * |

**Final Report** ☐

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|---|---|---|
| Health & Welfare Contribution | $8.53 | $ _____ |
| Individual Health Reimbursement | .50 | $ _____ |
| Pension Defined Benefit | 2.40 | $ _____ |
| Pension Defined Contribution | .25 | $ _____ |
| Scholarship Fund | .03 | $ _____ |
| Dues Check-Off (Includes Dues Check-Off $.76/Building Fund $.10) | .86 | $ _____ |
| S.U.B. Fund | .25 | $ _____ |
| NDPIC & PF | .15 | $ _____ |
| Training Fund | .43 | $ _____ |
| International Training Fund | .10 | $ _____ |
| **Total Hours ..... at $13.50 Per Hour** | | $ _____ |
| 401k - (Base Wage) | | $ _____ * |
| **TOTAL FRINGE BENEFIT CHECK** | | $ _____ |

Elected 401k is deducted and deposited at the straight time rate. You must have a Dues Check-Off form permitting the deduction, as it is being taken from the current employees pay.

**Questions may be answered by contacting the Administrative Office at**

**Telephone (888) 390-7473**

**www.ua190benefits.org**

I certify that the information contained in the report is a full and accurate statement of all employees working under the jurisdiction of

**PLUMBERS AND PIPEFITTERS LOCAL No. 190**

It is the contractor's responsibility to assure the payment is received no later than the 19th of each month. For information on payment procedures contact the number above.

_____
(Signature) (Date)

❑ Please Send Additional Forms

Send: ORIGINAL with Check Payable To:
**UA LOCAL 190 FRINGE BENEFIT PLANS**
**P.O. BOX 674074, DETROIT, MI 48267-4074**

Overnight Address:
**674074 Lockbox Department**
**UA Local 190 Fringe Benefit Plans**
**39200 W. Six Mile Rd.**
**Livonia, MI 48152-4074**

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