

READ AND FOLLOW INSTRUCTIONS CAREFULLY
IOWA CARPENTERS LOCAL NO. 106
COMMERCIAL
RATES EFFECTIVE MAY 1, 2009

- ① In a separate letter attached to this report, list the names, social security numbers, and total number of days lost in payroll periods covered by this report for all Carpenter Employees receiving Workers' Compensation disability payments. To comply with COBRA, list on separate sheets the names and social security numbers for any Carpenter Employees who, to your knowledge, died, retired, or attained age 65 during the time period covered by this report.

For internal accounting purposes and in determining the accuracy of the contributions, list the counties worked in by each individual Carpenter Employee. In listing the counties, use the first three initials of the County followed by the letter I.

② **INSIDE COUNTIES:**

ADAIR, CLARKE, DALLAS, GUTHRIE, JASPER, LUCAS, MADISON, MARION, POLK, AND WARREN

③ **OUTSIDE COUNTIES:**

ADAMS, BOONE, CALHOUN, CARROLL, DECATUR, GREENE, HAMILTON, HARDIN, HUMBOLDT, MARSHALL, POCAHONTAS, POWESHIEK, RINGGOLD, STORY, TAYLOR, UNION AND WEBSTER

- ④ Enter total hours worked, INCLUDING OVERTIME HOURS, for each individual Carpenter Employee on a one-for-one basis for each pay period covered by this report. **An asterisk (*) is to be placed in front of the last name of all Carpenter Employees who have supplied a written authorization to withhold working assessments and the dollar amount of working assessments withheld is to be placed in the column provided for each Carpenter Employee for whom working assessments were withheld (see ⑥ below).**

- ⑤ Multiply the grand total of hours, for all Carpenter Employees by the contribution rate shown, or the current contribution rate called for by the current Collective Bargaining Agreement (if different) for hourly paid Carpenter Employees.

- ⑥ Employers who have received written authorization, or verification of such written authorization, from their Carpenter Employees to withhold working assessments from their checks shall contribute the rate shown, or the current rate called for by the current Collective Bargaining Agreement (if different) multiplied by the grand total of hours for all Carpenter Employees marked by an asterisk (*). **To verify if a Carpenter Employee has current written authorization to withhold working assessments, contact the Carpenters District Contact 816/931-3414.**

- ⑦ Enter the total amount which will be shown on remittance check. This figure will reflect the total Employer Contribution.

- ⑧ Type or print name and title of person signing this remittance report in spaces provided

- ⑨ Reports and remittances are due and payable on or before the fifteenth (15th) of the month following the month covered by this report. Reports and/or remittances submitted after this date are subject to Liquidated Damages charges of Five Percent (5%) of the total amount of contributions due. Reports and/or remittances more than two months past due are subject to a Liquidated Damages charge of Six Percent (6%); three months, Eight Percent (8%); four months, Eleven Percent (11%); five months, Fifteen Percent (15%); and six months, Twenty Percent (20%).

In addition, interest will be charged at current IRS interest per month for each and every month past due.

Any Liquidated Damages charges, interest or adjustments for overpayments or underpayments will be communicated to you by the Funds' Administrator and resolved separately from this remittance report.

FINAL REPORT SEND MORE FORMS

NO EMPLOYEES THIS MONTH

**IOWA CARPENTERS LOCAL NO. 106
COMMERCIAL
CARPENTER FRINGE BENEFITS
MONTHLY REMITTANCE REPORT**

RATES EFFECTIVE MAY 1, 2009

FED. I.D. NO. _____
 _____ CONTRACTOR NAME _____ REPORT FOR MONTH _____, 20____
 STREET _____ PHONE _____ PAGE NO. _____
 _____ OF _____
 CITY _____ STATE _____ ZIP _____

**BE SURE COUNTY
DESIGNATION IS
WHERE WORK IS
PERFORMED**

MAKE ONE CHECK PAYABLE TO CARPENTER FRINGE BENEFIT PROGRAM
 MAIL CHECK AND 2 COPIES OF REPORT
 AND ANY BACK-UP TO:

CARPENTER FRINGE BENEFITS
 3100 BROADWAY, SUITE 805
 KANSAS CITY, MO 64111

LIST ON SEPARATE SHEETS, EMPLOYEES RECEIVING DISABILITY PAYMENTS FROM WORKERS' COMPENSA-
 TION OR WHO, TO YOUR KNOWLEDGE, HAVE DIED, RETIRED, OR ATTAINED AGE 65 THIS MONTH.

COUNTY REQUIRED	EMPLOYEE LAST NAME	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NO.	² HOURS WITH CONTRACT ADMIN	³ HOURS WITHOUT CONTRACT ADMIN	⁴ WORKING DUES

EMPLOYER CERTIFICATE
 THE UNDERSIGNED EMPLOYER HEREBY CERTIFIES (A) THAT, IT IS SIGNATORY TO
 CURRENT WRITTEN COLLECTIVE BARGAINING AGREEMENTS REQUIRING
 CONTRIBUTIONS TO THESE FUNDS; (B) THAT THE CONTRIBUTIONS REPORTED
 HEREON ARE PAID IN ACCORDANCE WITH SUCH CURRENT WRITTEN COLLECTIVE
 BARGAINING AGREEMENTS; (C) THAT ALL OF THE INDIVIDUALS LISTED HEREON
 ARE EMPLOYEES COVERED BY SUCH WRITTEN COLLECTIVE BARGAINING
 AGREEMENTS; (D) THAT THE EMPLOYEES LISTED HEREON CONSTITUTE ALL
 EMPLOYEES FOR WHOM CONTRIBUTIONS ARE REQUIRED UNDER THE TERMS OF
 SAID AGREEMENTS; (E) THAT NONE OF THE INDIVIDUALS LISTED HEREON ARE
 EMPLOYERS, SELF-EMPLOYED PERSONS, PARTNERS, OF EMPLOYEES OF THE
 NAMED EMPLOYER WHICH IS WHOLLY OWNED BY ANY SUCH EMPLOYEE AND HIS
 OR HER SPOUSE; (F) THAT THE EMPLOYER AGREES TO BE BOUND BY THE TRUST
 AGREEMENTS UNDER WHICH THE HEREIN NAMED TRUST FUNDS ARE
 ADMINISTERED AND DESIGNATES THE EMPLOYER TRUSTEES NAMED THEREIN
 AND THEIR SUCCESSORS AS ITS REPRESENTATIVES ON THE BOARDS OF
 TRUSTEES; (G) THAT THE INFORMATION REPORTED HEREON IS TRUE AND
 CORRECT. ANY FALSE STATEMENTS OR REPRESENTATIONS MADE ON THIS FORM
 MAY SUBJECT YOU TO PROSECUTION UNDER FEDERAL LAW.

TOTAL HOURS THIS PAGE _____

SUMMARY OF TOTAL HOURS REPORTED ON ALL PAGES
² _____
³ _____

FUND	TOTAL HOURS	X	RATE =	AMOUNT DUE
HEALTH & WELFARE	_____		\$5.35	_____
PENSION	_____		\$5.07	_____
APPR. & TRAINING	_____		\$0.40	_____
CONTRACT ADMIN. **	_____		\$0.05	_____
CITF	_____		\$0.10	_____
COMMERCIAL DUES	_____		\$1.26	_____

SIGNED BY _____

 TYPED OR PRINTED NAME

 TITLE

TOTAL AMOUNT DUE ON CHECK _____

**Work performed in the following counties: Adair, Clarke, Dallas, Guthrie, Jasper, Lucas, Madison, Marion, Polk and Warren is subject to a \$.05 per hour administration fee for the Des Moines Construction Council.
 Contributions made on this remittance report are not deductible as charitable contributions for federal income tax purposes.

