

READ AND FOLLOW INSTRUCTIONS CAREFULLY

CARPENTER (KANSAS CITY RESIDENTIAL)

RATES EFFECTIVE APRIL 1, 2010

- 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 or attained age 65 during the time period covered by this report.
- ② 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 following four-letter codes.

KANSAS

JOHK Johnson
LEAK Leavenworth
WYAK Wyandotte
MIAK Miami
LINK Linn
BOUK Bourbon

MISSOURI

CASM Cass LIVM Livingston DAVM Davies STEM St. Clair
CLAM Clay SALM Saline GRUM Grundy VERM Vernon
JACM Jackson BATM Bates HARM Harrison PLAM Platte
HENM Henry CALM Caldwell HICM Hickory RAYM Ray
JOHM Johnson CAMM Camden LACM Laclede
LAFM Lafayette CARM Carroll MERM Mercer

- ③ Enter total hours paid, INCLUDING OVERTIME HOURS, for each individual Carpenter Employee on a one-for-one basis for the pay period covered by this report. Indicate Apprentices (see ⑦ below for Apprentice requirements) by placing APP in front of the last name. **A number symbol (#) is to be placed in front of all Carpenter Employees who are Probationary Registered Carpenter Apprentices (see ⑧ below for requirements).**
- ④ Add the Total Hours column and place totals in the spaces provided. Enter Journeymen totals opposite [6], Apprentice totals opposite [7] and [8], and Probationary Registered Carpenter Apprentice totals opposite [9].
- ⑤ Where continuation pages are used, enter the grand total of all pages in this report. For Journeymen, enter total hours opposite [6], for Apprentices enter total hours opposite [7] and [8], and for Probationary Registered Carpenter Apprentices enter total hours opposite [9].
- ⑥ 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.
- ⑦ When an apprentice has completed 2700 On The Job Training hours **AND** has submitted those hours to the apprenticeship office (105 W. 12th AVE., N.K.C., MO 64130, 816-471-0883), the employer shall commence the pension fund contribution rate. Employers will be notified by the apprenticeship office when this advancement occurs. See Section ⑧ on the remittance form for the correct contribution amount at that time.
- ⑧ When an apprentice has completed 1301 On The Job Training hours **AND** has submitted those hours to the apprenticeship office (105 W. 12th AVE., N.K.C., MO 64130, 816-471-0883), the employer shall commence the pension fund contribution rate. Employers will be notified by the apprenticeship office when this advancement occurs. See Section ⑦ on the remittance form for the correct contribution amount at that time.
- ⑨ Multiply the grand total of hours by the contribution rate shown, or the current contribution rate called for by the current Collective Bargaining Agreement (if different) for all Probationary Registered Carpenter Apprentices (if any) marked by a number symbol (#). **To verify if a Carpenter Employee is currently a Probationary Registered Carpenter Apprentice, contact the Carpenter Joint Apprentice Committee 816/471-0883.**
- ⑩ Enter the total amount which will be shown on remittance check. This figure will reflect the total Employer Contribution.

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

Reports and remittances are due and payable on or before the tenth (10th) of the month following the month covered by this report. Reports and/or remittances submitted after this date are subject to a Liquidated Damages charge 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 adjustment 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

KANSAS CITY RESIDENTIAL CARPENTER FRINGE BENEFITS MONTHLY REMITTANCE REPORT



FED. I.D. NO. _____

CONTRACTOR NAME _____ REPORT FOR MONTH _____, 20____

STREET _____ PHONE _____

CITY _____ STATE _____ ZIP _____ PAGE NO. _____ OF _____

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:

EMPLOYER'S COPY
CARPENTER FRINGE BENEFITS
3100 BROADWAY, SUITE 805
KANSAS CITY, MISSOURI 64111

RATES EFFECTIVE APRIL 1, 2010

① LIST ON SEPARATE SHEETS, EMPLOYEES RECEIVING DISABILITY PAYMENTS FROM WORKERS' COMPENSATION OR WHO, TO YOUR KNOWLEDGE, HAVE DIED OR ATTAINED AGE 65 THIS MONTH.

② COUNTY REQUIRED	③ EMPLOYEE LAST NAME	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NO.	⑥ JNYM HOURS	⑦ APPR OVR 2700 HRS	⑧ APPR OVR 1301 HRS	⑨ PROB APPR.	TOTAL HOURS

④ TOTAL HOURS THIS PAGE

⑥ _____
⑦ _____
⑧ _____
⑨ _____

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 OR EMPLOYEES OF THE NAMED EMPLOYER WHICH IS WHOLLY OWNED BY ANY SUCH EMPLOYEE OR BY AN 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.

⑤ SUMMARY OF TOTAL HOURS REPORTED ON ALL PAGES

⑥ _____
⑦ _____
⑧ _____
⑨ _____

SIGNED BY

TYPED OR PRINTED NAME

TITLE

⑥ JOURNEYMEN	@	12.19	PER HOUR	\$ _____
⑦ APPRENTICE W/2700	@	10.99	PER HOUR	\$ _____
⑧ APPRENTICE W/1301	@	10.69	PER HOUR	\$ _____
⑨ PROBATIONARY APP.	@	6.39	PER HOUR	\$ _____
⑩ TOTAL REMITTED				\$ _____

Contributions made on this remittance report are not deductible as charitable contributions for federal income tax purposes.