

READ AND FOLLOW INSTRUCTIONS CAREFULLY

CARPENTER KANSAS CITY AREA 3

ALL CLASSIFICATIONS

RATES EFFECTIVE MAY 1, 2011

- 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.
- 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		MISSOURI							
BOUK	Bourbon	BATM	Bates	CAMM	Camden	HARM	Harrison	MERM	Mercer
		CALM	Caldwell	DAVM	Davies	HICM	Hickory	STCM	St. Clair
		CARM	Carroll	GRUM	Grundy	LACM	Laclede	VERM	Vernon

- ③ 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. Indicate Apprentices by placing APP in front of the last name (see ⑦ below for Apprentice requirements). **A number symbol (#) is to be placed in front of the last name of all Carpenter Employees who are Probationary Registered Carpenter Apprentices (see ⑧ below). An asterisk (*) is to be placed in front of the last name of all Carpenter Employees who have supplied a written authorization to withhold dues and the dollar amount of dues withheld is to be placed in the column provided for each Carpenter Employee for whom dues were withheld (see ⑨ below).**
- ③a Prevailing Wage Rate Work: For those employers remitting supplemental dues check-off please indicate in the column ③a the number of hours included in columns [6], [7], [8], and [9] that were worked by each employee on federal, state, and local prevailing wage projects.
- ④ For each page, place the total for each column in the spaces provided.
- 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, **EXCEPT APPRENTICES AND PROBATIONARY REGISTERED CARPENTER APPRENTICES**, 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 64116, 816-471-0883), the employer shall increase 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 64116, 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 Employers who have received written authorization, or verification of such written authorization, from their Carpenter Employees to withhold dues from their checks shall contribute the current rate called for by the current Collective Bargaining Agreement 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 dues, contact The Carpenters District Council at 816/931-3414. Included in total are vacation and market recovery funds; this does not require authorization.**

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

⑪ 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.

