

**READ AND FOLLOW INSTRUCTIONS CAREFULLY**  
**CARPENTER (OUTSTATE HEAVY AREA 3, 4 & 4A)**  
**RATES EFFECTIVE MAY 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.

**MISSOURI AREA 3**

BUCM	Buchanan	CLIM	Clinton	JHM	Johnson	LAFM	Lafayette
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**MISSOURI AREA 4**

ANDM	Andrew	DAVM	Daviess	HENM	Henry	NODM	Nodaway
ATCM	Atchison	DEKM	Dekalb	HOLM	Holt	STCM	St. Clair
BATM	Bates	GENM	Gentry	LIVM	Livingston	SALM	Saline
CALM	Caldwell	GRUM	Grundy	MERM	Mercer	WORM	Worth
CARM	Carroll	HARM	Harrison				

**MISSOURI AREA 4A**

BRYM	Barry	DALM	Dallas	LAWM	Lawrence	TANM	Taney
BARM	Barton	DOUM	Douglas	MCOM	McDonald	VERM	Vernon
CAMM	Camden	GREM	Greene	NEWM	Newton	WEBM	Webster
CEDM	Cedar	HICM	Hickory	OZAM	Ozark	WRIM	Wright
CHRM	Christian	JASM	Jasper	POLM	Polk		
DADM	Dade	LACM	Leclede	STOM	Stone		

- 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. **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 ⑦ below).**
- ③A Prevailing Wage Rate Work: For those employers remitting supplemental dues check-off, please indicate in column ③A. the number of hours included in the "TOTAL HOURS" column that were worked by each employee on federal, state and local prevailing wage projects.
- ④ Each Column is to be added and totaled in the spaces provided.
- ⑤ Where continuation pages are used, enter the grand total of all pages included in this report. Hours are to be totaled separately for all Carpenter Employees and shown opposite ⑥.
- 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 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 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 dues, contact Kansas City Carpenter District Council 816/931-3414.**
- ⑧ 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

# OUTSTATE HEAVY AREA 3, 4 & 4A 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  
WITH ANY BACK-UP TO:

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

**RATES EFFECTIVE MAY 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	EMPLOYEE LAST NAME	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NO.	③ TOTAL HOURS	DUES PAID	③A. PREVAIL WAGE HRS.

**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.

④ TOTAL HOURS THIS PAGE \_\_\_\_\_

⑤ SUMMARY OF TOTAL HOURS REPORTED ON ALL PAGES ⑥ \_\_\_\_\_

⑥ EMPLOYER CONTRIBUTION @ **11.50** PER HOUR \$ \_\_\_\_\_

⑦ AUTHORIZED DUES CHECK-OFF

AREA 3 @ **1.43** PER HOUR \$ \_\_\_\_\_

AREA 4 @ **1.40** PER HOUR \$ \_\_\_\_\_

AREA 4A @ **1.38** PER HOUR \$ \_\_\_\_\_

⑧ TOTAL REMITTED \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNED BY

\_\_\_\_\_  
TYPED OR PRINTED NAME

\_\_\_\_\_  
TITLE

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



