

READ AND FOLLOW INSTRUCTIONS CAREFULLY

SPRINGFIELD AREA ALL CLASSIFICATIONS

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, 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.

MISSOURI

CEDM	Cedar	DALM	Dallas	OZAM	Ozark	WEBM	Webster
CHRM	Christian	DOUM	Douglas	POLM	Polk	WRIM	Wright
DADM	Dade	GREM	Greene	STOM	Stone		
		LAWM	Lawrence	TANM	Taney		

- 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. **A number symbol (#) is to be placed in front of the last name of all Carpenter Employees who are Probationary Registered Carpenter Apprentices (see ⑦ 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 ⑧ 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 columns 6 and 7 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 totals of all pages included in this report. Hours are to be totaled separately for all Carpenter Employees EXCEPT PROBATIONARY REGISTERED CARPENTER APPRENTICES and shown opposite 6. For all Probationary Registered Carpenter Apprentices, hours are to be totaled and shown opposite 7.
- ⑥ Multiply the grand total of hours, for all Carpenter Employees EXCEPT 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 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 600 hour or less Probationary Registered Carpenter Apprentice, contact the Carpenter Joint Apprentice Program at 417/869-8930.**
- ⑧ 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 Springfield Carpenter District Council 417/831-2356.**
- ⑨ 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 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

SPRINGFIELD AREA ALL CLASSIFICATIONS CARPENTER FRINGE BENEFITS MONTHLY REMITTANCE REPORT

FED. I.D. NO. _____

 CONTRACTOR NAME REPORT FOR MONTH
 _____, 20_____
 STREET PHONE
 _____ PAGE NO. _____
 _____ OF _____
 CITY STATE ZIP EMPLOYER'S COPY

RATES EFFECTIVE APRIL 1, 2010

**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:

CARPENTERS FRINGE BENEFITS
3100 BROADWAY, SUITE 805
KANSAS CITY, MISSOURI 64111

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



② COUNTY REQUIRED	③ EMPLOYEE LAST NAME	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NO.	⑥ JNYM HOURS	⑦ PROB APPR.	⑧ DUES PAID	⑨a 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, 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.

④ TOTAL HOURS THIS PAGE _____

⑤ SUMMARY OF TOTAL HOURS REPORTED ON ALL PAGES _____

⑥ JOURNEYMAN / APPRENTICE _____ @ 11.46 PER HOUR \$ _____

⑦ PROBATIONARY APPRENTICE _____ @ 6.86 PER HOUR \$ _____

⑧ AUTHORIZED DUES CHECK OFF

CARPENTERS, LATHERS, FLOOR LAYERS _____ @ 1.17 PER HOUR \$ _____

MILLWRIGHT & PILEDRIVERS _____ @ 1.18 PER HOUR \$ _____

RESIDENTIAL _____ @ .00 PER HOUR \$ _____

⑨ 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.