

READ AND FOLLOW INSTRUCTIONS CAREFULLY

TOPEKA LOCAL NO. 1445

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 first three initials of the County followed by the letter K.
DOUGLAS, FRANKLIN, ANDERSON, JEFFERSON, SHAWNEE, WABAUNSEE, JACKSON, OSAGE,
COFFEE, CHASE, LYON AND NEMAHA COUNTIES IN KANSAS.
- 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 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 ⑦ below).**
- 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 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 working assessments, contact the Carpenter District Contact 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 fifteenth (15th) of the month following the month covered by this. Report 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

**TOPEKA LOCAL NO. 1445
CARPENTER FRINGE BENEFITS
MONTHLY REMITTANCE REPORT**

RATES EFFECTIVE APRIL 1, 2010

CONTRACTOR NAME _____ FED. I.D. NO. _____
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:

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

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 HOURS | ⑦ DUES PAID |
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④ TOTAL HOURS THIS PAGE _____

⑤ SUMMARY OF TOTAL HOURS REPORTED ON ALL PAGES ⑥ _____

⑥ JOURNEYMEN / APPRENTICE _____ @ 5.95 PER HOUR \$ _____

⑦ AUTHORIZED DUES _____ @ 1.18 PER HOUR \$ _____

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.

SIGNED BY

TYPED OR PRINTED NAME

TITLE

⑧ TOTAL REMITTED \$ _____

