

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
VARIOUS ELECTRICAL INDUSTRY FUNDS
AND
NATIONAL ELECTRICAL BENEFIT FUND

VOICE DATA VIDEO

NAME
D.B. A.
ADDRESS
CITY, STATE, ZIP
PHONE
EMPLOYER'S FED ID #

LOCAL UNION NO. WHERE WORK IS PERFORMED -
FUND OFFICE EMPLOYER NUMBER

150

TOTAL NUMBER
EMPLOYED THIS PERIOD

Bldg Constr.
Journeyman's Wage
Rate Per Hour \$

Residential
Wage Rate Per
Hour \$

Communication
Wage Rate Per
Hour \$

This Transmittal Covers ALL Payroll Weeks Ending in Calendar
MONTH OF: _____

**This report and payment shall be mailed to reach the office of the appropriate Local Collection
Agent not later than fifteen (15) calendar days following the end of each calendar month.**

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1. BUILDING CONSTRUCTION 2. MOTOR REPAIR 3. SIGN 4. COMMUNICATIONS 5. MAINTENANCE 6. INSIDE APPRENTICE
16. MANUFACTURING 17. MAINTENANCE 18. UTILITY
22. RESIDENTIAL 23. RESIDENTIAL TRAINEE 26. OTHER (including non-bargaining admin) 27. ALUMNI

COLUMN 1	COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE (ALPHABETICALLY) LAST NAME, FIRST NAME INITIAL	CLS	CLOCK HOURS	GROSS EARNINGS	H & W	VAC	PENSION	ANNUITY	DUES ASSMT

TOTAL NO. PAGES THIS
REPORT _____

TOTAL THIS PAGE
TOTAL ALL PAGES

*MAKE CHECK PAYABLE TO NATIONAL ELECTRIC BENEFIT FUND FOR 3% OF THE GROSS EARNINGS (COL 5)

*MAKE CHECK PAYABLE TO NORTHEASTERN NECA (If Applicable)

*MAIL CHECK WITH 2 COPIES TO:

*NORTHEASTERN ILLINOIS EBB #141
2100 Manchester Rd., Bldg A
Wheaton, IL 60187
(630) 876-5363

ADDRESSES TO USE BY MAIL TYPE

Option 1 - Regular or Certified
IBEW LOCAL 150
PO BOX 7126
CAROL STREAM IL 60197-7126

Option 2 - Fed Ex/UPS
IBEW LOCAL 150
C/O WINTRUST LOCKBOX 7126
5450 N CUMBERLAND AVENUE
CHICAGO IL 60656

ADD TOTALS:

MAKE ONE CHECK AND MAIL WITH COPY TO:

TOTAL H & W CONTRIBUTION
TOTAL VACATION CONTRIBUTION
TOTAL ANNUITY
TOTAL PENSION CONTRIBUTION
TOTAL WORKING ASSESSMENT
TOTAL APPRENTICESHIP CONTRIBUTION
TOTAL LMCC
TOTAL ADMINISTRATIVE MAINTENANCE

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to

Check Here:

First Report in this Local Union area _____
Final Report in this Local Union area _____
When more forms are needed _____

FINES ASSESSED FOR LATE REPORT

**Fines will be assessed if reports
(includes "No Hours") are not received
at the bank by the 15th**

FIRM NAME _____
SIGNATURE & TITLE _____
DATE _____