



MONTHLY REPORT OF PAYMENTS TO  
**Fox Valley & Vicinity Construction Workers Fund**  
 75 Remittance Drive Suite 3163  
 Chicago IL 60675-3163  
 888-770-9297

**ACCOUNT NO**  
 587IA  
 FOR OFFICIAL USE ONLY

The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining agreement with the District Council or Local of the Union covering the type and area of work the listed employees and also to each agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith.

- Please Check Here
- No Work This Month
  - FINAL Report
  - Send More Forms
  - Change of Address
  - Change in Name

| PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES |               |           |           | CODE                      | WORK MONTH |          |
|---|---------------|-----------|-----------|---------------------------|------------|----------|
| JOB LOCATION                                  |               |           |           | 587 Iowa- Plasterers Iowa | JUNE 2021  |          |
| SSN   | Employee Name | Local No. | Job Class | REG HOURS                 | OT HOURS   | DT HOURS |
|   |               |           |           |                           |            |          |
|   |               |           |           |                           |            |          |
|   |               |           |           |                           |            |          |
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|   |               |           |           |                           |            |          |
|   |               |           |           |                           |            |          |
| PLEASE SUPPLY BUSINESS PHONE NO:              |               |           |           | <b>TOTALS</b>             |            |          |

NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT. PLEASE INDICATE ANY CORRECTIONS.

DUES \$1.56 x \_\_\_\_\_ = \$ \_\_\_\_\_  
 TRAINING \$0.09 x \_\_\_\_\_ = \$ \_\_\_\_\_  
 INT DUES \$0.52 x \_\_\_\_\_ = \$ \_\_\_\_\_

BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

**REPORTS ARE DUE BY THE 15TH OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES**

SIGNED \_\_\_\_\_  
 MAKE ONE CHECK PAYABLE TO:  
 FOX VALLEY & VICINITY CONSTR  
 WORKERS BENEFIT FUNDS