Construction Industry Fund PO Box 7405 Carol Stream, IL 60197-7405 Phone (815) 399-0800 Fax (847) 519-1979

Please check all information below. If any changes please make corrections,

Payments received after the 25th are assessed 10% liquidated damages.

			Please allow 5-7 business days for delivery of mail. Month Hours Worked JUN-2022 Payment Due Date 7/15/2022				
			Emp. CD or Contract#				
1) Report ALL HOURS worked each	h month per member and any		616		CEMENT RESIDENTIA		·
fractions. (Do not round off hours to	whole numbers). All HOURS		WORK box and	return a	ed for month: please chec copy to CONSTRUCTION	!	
reported are for hours worked from the 1st day of each month through the last day of each month			INDUSTRY FUNDS. If no longer working in area, please check FINAL REPORT box. FINAL RPT				
2) Add <u>ALL HOURS</u> under column: "TOTALHOURS". 3) Take "TOTAL HOURS" times each rate code and type in amount under column: "TOTAL DUE".			6) Make check payable to CONSTRUCTION INDUSTRY PO Box 7405 Carol Stream, IL 60197-7405				
Then add all figures under this col record this amount in box "GRAND"			Signature				NO WORK
record this emodrit in box. GPONID	TOTAL .		Phone				
SSN	NA NA	ME	-		LOCAL#		TOTAL HOURS
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· .,	,				TOTAL		· .
PLEASE LINE OUT any mem ber no le hired during this period.	onger emp loyed and ADD any new men	nbers	REMIT	TANCE (COPY (RETURN WITH CH	ECK)	
RATE CODE		HOURLY	RATE	TOT.	AL HOURS REPORTED		OTAL\$ DUE
WELFARE CONST IND WE	ELFARE FUND	\$1	1. 95			-	
ADVANCE ADVANCEMENT	FUND	\$	0.17				
APPRENT APPRENTICESHIP		\$1	0.55				
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		Grand T	otal		<u> </u>		

MONTHLY REPORT OF PAYMENTS TO

ACCOUNT NO

587RES

Fox Valley & Vicinity Construction Workers Fund 75 Remittance Drive Suite 3163 Chicago IL 60675-3163

FOR OFFICIAL USE ONLY 888-770-9297 No Work This Month FINAL Report The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining Please agreement with the District Council or Local of the Union covering the Check Send More Forms type and area of work the listed employees and also to each Here agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith. Change of Address Change in Name WORK MONTH CODE PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES JOB LOCATION 587RES Residential JUNE 2022 **Employee Name** Local No. Job Class **REG HOURS OT HOURS** DT HOURS SSN PLEASE SUPPLY BUSINESS PHONE NO: **TOTALS** PENS/FX \$7.85 x = \$ NOTE: THE NAMES ON THIS REPORT WERE LISTED \$1.41 x____ = \$___ BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT. PLEASE DUES ___ = \$____ INDICATE ANY CORRECTIONS. TRAINING \$0.09 x____ INT DUES \$0.47 x = \$___ BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING TOTAL AMOUNT DUE \$____ THIS PERIOD.

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