Construction Industry Fund PO Box 7405 Carol Stream, IL 60197-7405

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

Carol Stream, IL 60197-740 Phone (815) 399-0800 Fax (847) 5		_				•
. , ,		Please allo	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 o 690	Emp. CD or Contract# 690 587 IOWA PLASTERERS				
1) Report ALL HOURS worked each month per member and any fraction s. (Do not round off hours to whole numbers). ALL HOURS reported are for hours worked from the 1st day of each month through the last day of each month  2) Add ALL HOURS under column: "TOTAL HOURS".  3) Take "TOTAL HOURS" times each rate code and type in amount under column: "TOTAL DUE".  4) Then add all figures under this column "TOTAL\$ DUE" and record this amount in box "GRANDTOTAL".		5) If NO WORK performed for month: please check NO WORK box and return a copy to CONSTRUCTION INDUSTRY FUNDS. If no longer working in area, please check FINAL REPORT box. 6) Make check payable to CONSTRUCTION INDUSTRY PO Box 7405 Carol Stream, IL 60197-7405 Signature  Phone				FINAL RPT NOWORK
SSN	NAME			LOCAL#		TOTAL HOURS
PLEASE LINE OUT any member no le	onger employed and ADD any new members			TOTAL		
hired during this period.	onger employed and ADD any new members	REMIT	TANCE C	OPY (RETURN WITH CH	HECK)	
RATECODE	HOUF	RLY RATE	TOTA	L HOURS REPORTED	TC	TAL\$ DUE
WELFARE CONST IND W	VELFARE FUND	\$11.95				
RETIRE RETIREMENT	FUND	\$7.68	ļ			
APPRENT APPRENTICES	\$0.55					
IOWA AC ALLIANCE FO	\$0.02				.,.	
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			<u> </u>			

Grand Total

## MONTHLY REPORT OF PAYMENTS TO

ACCOUNT NO

587IA Fox Valley & Vicinity Construction Workers Fund 75 Remittance Drive Suite 3163 FOR OFFICIAL USE ONLY Chicago IL 60675-3163 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 type and area of work the listed employees and also to each Send More Forms 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 587 Iowa- Plasterers Iowa JUNE 2022 SSN **Employee Name** Local No. **Job Class REG HOURS OT HOURS** DT HOURS PLEASE SUPPLY BUSINESS PHONE NO: **TOTALS** \$1.60 x = \$ DUES NOTE: THE NAMES ON THIS REPORT WERE LISTED \$0.09 x = \$ BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT. PLEASE TRAINING \$0.53 x = \$\_ INDICATE ANY CORRECTIONS. INT DUES BE SURE TO ADD THE NAME, CORRECT SOCIAL TOTAL AMOUNT DUE SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING 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