

Monthly Remittance Report Building Trades United Pension Trust Fund – Milwaukee & Vicinity PO Box 520 | Elm Grove WI, 53122

Cheo	k If Applicable:	
\Box In	tial - No provious r	0

Initial - No previous reports submitted □ Final - Reason: ____

□ Inactive - No Employees this month □ Summary - Forms attached

(262) 784-7880

	No Employees until iurther houce								
Employer	Fund	Total Hours	Hourly Rate	Current Amount	Adjustments	Total Paid			
Employer Address	Pension								
Employer City State Zip	Health								
Employer CBA	Health Monthly								
Employer IRS Number	Annuity								
Code Number	Apprenticeship/ Training								
Union	Industry Advancement								
Reference Number	Union Dues								
Month & Year Worked	Jury Pay								
Telephone Number					Grand Total				

Social Security Number Employee Name (Last, First)			Hours Worked Each Week				b t	me		SS BS	LO .	ınt	
	\$	Reg/OT	Week 1	Week 2	Week 3	Week 4	Week 5	Straight Time	Overtime	Total Hours	Gross Wages	Vacation Pay	401(k) Amount
		Reg											
		ОТ											
		Reg											
		ОТ											
		Reg											
		ОТ											
		Reg											
		ОТ											
		Reg											
		ОТ											
		Reg											
		ОТ											
		Reg											
		ОТ											
		Reg											
		ОТ											
							Totals						

Codes for non-payment: 1. Not entitled to Health 2. Not entitled to Pension / Apprentice 3. Not entitled to Pension / Other 4. Alumni / entitled to Pension

I (we) agree to be bound by all of the provisions (including making payments) relating to pension, health & welfare and vacation funds, as contained in the Milwaukee area multi-employer labor agreements covering employers in the trade for which this report is made, for our employees in such trade, for the duration of such labor agreements, and, further agree to be bound by the applicable trust agreements.

The employer certifies that any employee listed on this remittance report is a covered employee under a collective bargaining agreement or an Alumni agreement, and the work reported hereon constitute work for which contributions are required by the collective bargaining agreement.

Signature: _

_____ Title: ____