

INSTRUCTIONS

ITEM

1. **Employer:** Complete name, full mailing address and the company phone, including Attention line, if specific routing is desired.
2. **Federal number:** Please write in federal employer identification number.
3. **By:** Name and position of person completing this report.
4. **Pay period:** Beginning and ending dates of pay included on this report.
NOTE: At time of collective bargaining negotiations, a separate report must be filed for the period of changed benefits.
5. **Employees:** Report **ALL** Iron Workers employed within the jurisdiction of Local 207. Please indicate in "remarks" column home local union number of out-of-town employees.
6. **Hours reported:**
 - 6a. R/T—straight-time hours
 - 6b. O/T—time-and-one-half
 - 6c. D/T—double-time hours
7. **Wages:**
 - (a) Total Gross Pay = Gross wages paid during the pay period reported must be listed for each employee.
 - (b) Rate = Gross Hourly Straight-Time Rate.
8. **Remarks:**
 - (a) Home Local — Indicate Home Local Union number for out-of-town members only.
 - (b) Apprentices — **Year** — indicate class year—either 1st year, 2nd year, 3rd year or 4th year.
9. **Totals** This page.
10. **Totals** All pages.
11. **Hours worked:** Add hours shown on line 10, columns 6a., 6b. and 6c.; multiply by current rate and enter dollar amount. Please refer to the current Ironworkers Local 207 Wage, Fringe & Deductions Rates schedule for details.
12. **Hours paid:** Add hours shown on line 10, columns 6a. x 1.0, plus 6b. x 1.5, plus 6c. x 2.0; multiply by current rate and enter dollar amount. Please refer to the current Ironworkers Local 207 Wage, Fringe & Deductions Rates schedule for details.
13. **Late payment assessment:** Penalty - The employer agrees that if he becomes delinquent in making this payment he shall become liable for damage amounting to the greater of 1.5% of the delinquent amount due or \$25.00 for the first month of delinquency plus a penalty of the greater of 1.5% or \$25.00 for each successive month of delinquency or fraction thereof until paid.
14. **Total fringes:** Make check for this amount payable to:
Mail form with check to:
Ironworkers Local 207 Fringe Benefit & Collection Account
694 Bev Road, Suite A
Boardman, Ohio 44512

VERIFY DUES % WITH UNION HALL (330) 758-9777

Please contact the Fund Office at (330) 726-3745 or fax to (330) 726-3893 if you have any questions.

All reports are due in the Fund Office by the 15th of the month following the month in which the hours were worked. (For example: Reports for hours worked in May are due in our office by June 15th.)

Please return the white copy of this form with your payment. Retain the yellow copy for your records.