

**MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
VARIOUS ELECTRICAL INDUSTRY FUNDS
AND
NATIONAL ELECTRICAL BENEFIT FUND**

INSIDE

NAME
D.B. A.
ADDRESS
CITY, STATE, ZIP
PHONE
EMPLOYER'S FED ID #

LOCAL UNION NO. WHERE WORK IS PERFORMED - **150**
FUND OFFICE EMPLOYER NUMBER

TOTAL NUMBER EMPLOYED THIS PERIOD _____
 Bldg Constr. Journeyman's Wage Rate Per Hour \$ _____
 Residential Wage Rate Per Hour \$ _____
 Communication Wage Rate Per Hour \$ _____

This Transmittal Covers ALL Payroll Weeks Ending in Calendar MONTH OF: _____

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3						
1. BUILDING CONSTRUCTION	2. MOTOR REPAIR	3. SIGN	4. COMMUNICATIONS	5. MAINTENANCE	6. INSIDE APPRENTICE	
22. RESIDENTIAL	23. RESIDENTIAL TRAINEE	16. MANUFACTURING	17. MAINTENANCE	18. UTILITY	27. ALUMNI	
26. OTHER (including non-bargaining admin)						

COLUMN 1	COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE (ALPHABETICALLY) LAST NAME, FIRST NAME INITIAL	CLS	CLOCK HOURS	GROSS EARNINGS	H & W	VAC	LOCAL PEN	LOCAL ANN	WRKG ASSMT

TOTAL NO. PAGES THIS REPORT _____	TOTAL THIS PAGE _____	TOTAL ALL PAGES _____							
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*MAKE CHECK PAYABLE TO NATIONAL ELECTRIC BENEFIT FUND FOR 3% OF THE GROSS EARNINGS (COL 5) \$ _____
 *MAKE CHECK PAYABLE TO NORTHEASTERN NECA (If Applicable) \$ _____

*MAIL CHECK WITH 2 COPIES TO:
 *NORTHEASTERN ILLINOIS EBB #141
 2100 Manchester Rd., Bldg A
 Wheaton, IL 60187
 (630) 876-5363

ADDRESSES TO USE BY MAIL TYPE
Option 1 - Regular or Certified
 IBEW LOCAL 150
 PO BOX 7126
 CAROL STREAM IL 60197-7126

Option 2 - Fed Ex/UPS
 IBEW LOCAL 150
 C/O WINTRUST LOCKBOX 7126
 5450 N CUMBERLAND AVENUE
 CHICAGO IL 60656

Check Here:
 First Report in this Local Union area _____
 Final Report in this Local Union area _____
 When more forms are needed _____

ADD TOTALS:
MAKE ONE CHECK AND MAIL WITH COPY TO:
 TOTAL H & W CONTRIBUTION _____
 TOTAL VACATION CONTRIBUTION _____
 TOTAL ANNUITY _____
 TOTAL PENSION CONTRIBUTION _____
 TOTAL WORKING ASSESSMENT _____
 TOTAL APPRENTICESHIP CONTRIBUTION _____
 TOTAL LMCC _____
 TOTAL ADMINISTRATIVE MAINTENANCE _____

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FINES ASSESSED FOR LATE REPORT
Fines will be assessed if reports (includes "No Hours") are not received in our Office by the 15th

FIRM NAME _____
 SIGNATURE & TITLE _____
 DATE _____