

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

VOICE DATA VIDEO

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 |
| | 16. MANUFACTURING | 17. MAINTENANCE | 18. UTILITY | | |
| 22. RESIDENTIAL | 23. RESIDENTIAL TRAINEE | 26. OTHER (including non-bargaining admin) | 27. ALUMNI | | |

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	PENSION	ANNUITY	DUES ASSMT

TOTAL NO. PAGES THIS REPORT _____

TOTAL THIS PAGE
TOTAL ALL PAGES

*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

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 _____

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

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

Check Here:

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

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

FIRM NAME _____
 SIGNATURE & TITLE _____
 DATE _____