

CEMENT & CONCRETE WORKERS DISTRICT COUNCIL FRINGE BENEFIT FUNDS

35-30 Francis Lewis Boulevard * Suite 201 * Flushing, NY 11358 Phone: (718) 762.6133 * Fax: (718) 762-5144

EMPLOYER'S REMITTANCE AGREEMENT AND REPORT

B-Book

INDEPENDENT CONTRACTORS

APPRENTICE ONLY

JULY 1st 2022 TO JUNE 30th 2023

FIRST YEAR APPRENTICE						
Welfare Fund	\$ 9.95					
Pension Fund	\$ 0.00					
NYSLECET	\$ 0.15					
LNHSF	\$ 0.10					
Training & Apprentice	\$ 0.94					
Scholarship	\$ 0.06					
CCWDC-L.E.C.E.T.	\$ 0.50					
Administrative	\$ 0.50					
Amount due per hour	\$ 12.20					

EMPLOYERS NAME:

{If more than 1 list all}

EMPLOYERS ADDRESS: JOB LOCATION:

Report for week beginning: _

NAME AND ADDRESS OF GENERAL CONTRACTOR:

SECOND AND THIRD YEAR	APPRENTICE
Welfare Fund	\$ 9.95
Pension Fund	\$ 4.00
NYSLECET	\$ 0.15
LNHSF	\$ 0.10
Training & Apprentice	\$ 0.94
Scholarship	\$ 0.06
CCWDC-L.E.C.E.T.	\$ 0.50
Administrative	\$ 0.50
Amount due per hour	\$ 16.20
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_____Week ending: ___

ANNUITY	STRAIGHT HRS {Monday – Friday}	TIME & HALF HRS {Saturdays}	DOUBLE TIME HRS (SUNDAYS & HOLIDAYS)
1 st YEAR	\$ 3.00	\$ 4.50	\$ 6.00
2 nd YEAR	\$ 3.45	\$ 5.18	\$ 6.90
3 rd YEAR	\$ 4.55	\$ 6.83	\$ 9.10

		DUES	PAC	ORG	N.Y.S.L.O.F	VACATION	TOTAL
ſ	1 st YEAR	\$ 0.00	\$ 0.10	\$ 0.00	\$ 0.30	\$ 1.59	\$ 1.99
ſ	2 nd YEAR	\$ 2.00	\$ 0.10	\$ 1.35	\$ 0.30	\$ 2.07	\$ 5.82
	3 rd YEAR	\$ 2.00	\$ 0.10	\$ 1.35	\$ 0.30	\$ 2.55	\$ 6.30

TEL: ___

FAX: _____

	STR HRS	X RATE	AMT	1.5 HRS	X RATE	AMT	DBL HRS	X RATE	AMT	TOTAL
0-1334 hrs.		\$ 17.19			\$ 18.69			\$ 20.19		
1335-2668 hrs		\$ 25.47			\$ 27.20			\$ 28.92		
2669-4000 hrs		\$ 27.05			\$ 29.33			\$ 31.60		
TOTAL										

ALL INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT: Print or Type

Employers Federal ID Number:**

Emplo signing Bargai bind the	yer for the period specified. The undersig g this report on behalf of the Employer he ning Agreement currently in force with th he Employer and the principals or membe District Council.	It the information contained in this report and the attached schedule is true and correct, that the ned Employer hereby adopts and makes a part hereof the terms and conditions and the agree reby consents and agrees to be personally bound by and to assume all of the terms and condition a District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 18-A and 20, is thereof. The Employer agrees to make all contributions in accordance therewith in the amou	ments printed on the reverse side hereof wit ions, rights, liabilities and responsibilities of with the same force and effect as if fully se nt set forth on This report for each hour of e	h the same force and et an employer in accorda t forth herein, and warra mployment performed v	ffect as if fully set forth hance with the provisions ants and represents that within the trade and geo	erein. The person of the Collective he has authority to graphical jurisdiction
SIG	NATURE OF CORPORATE	FOFFICER OR PARTNER	DATE			_
Prin	t Name of Signer:		Title			
	SOCIAL SECURITY NUMBER	NAME	STRAIGHT HOURS	TIME & HALF HOURS	DOUBLE HOURS	TOTAL HOURS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						