

## **CEMENT & CONCRETE WORKERS DISTRICT COUNCIL**

**FRINGE BENEFIT FUNDS** 

214-38 42 Avenue, 2<sup>nd</sup> Floor, Bayside, NY 11361 Phone: (718) 762.6133 \* Fax: (718) 762-5144 EMPLOYER'S REMITTANCE AGREEMENT AND REPORT

<b>B-Book</b>
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## **INDEPENDENT CONTRACTORS**

## JULY 1st 2024 TO JUNE 30th 2025

RATES AS OF JULY 2021       ANNUTY       UIB       UIB         Weiter Rund       \$ 1.06       \$ 1.06       \$ 5.00       \$ 5.00         Training & Appenties       \$ 0.05       \$ 1.06       \$ 5.00       \$ 5.00         Training & Appenties       \$ 0.05       \$ 1.06       \$ 5.00       \$ 1.06       \$ 5.00         Schoolathing       \$ 0.05       \$ 1.06       \$ 0.06       \$ 1.06       \$ 0.00 <td< th=""><th colspan="2">А</th><th></th><th colspan="2">В</th><th colspan="3">С</th></td<>	А			В		С			
International matrix       Refere       International matrix       Refere       International matrix         International matrix       1 and Shadaraha         International matrix       1 and Shadaraha       1 and Shadaraha </td <td></td> <td></td> <td>RECHIAR</td> <td>RATES AS OF JULY 2021 ANNUITY</td> <td>DUES</td> <td></td> <td></td> <td></td>			RECHIAR	RATES AS OF JULY 2021 ANNUITY	DUES				
Wetters Fund         \$ 1.16           1         1.16         \$ 5.00           1.16         \$ 5.00	RATE	S AS OF JULY 1, 2021	RATES		Dues Ch	eck-off	\$ 3.00/h	r	
Instruction       \$ 1.000         Instruction       \$ 1.000         Instruction       \$ 0.000         Instruction <td></td> <td></td> <td></td> <td>1. Total Straight Time Hours (Mon Fri.) x \$ 5.00 =</td> <td>- NYSLPA</td> <td>с</td> <td></td> <td></td>				1. Total Straight Time Hours (Mon Fri.) x \$ 5.00 =	- NYSLPA	с			
LNRSC       \$ \$ 0.0         LANSC       \$ 0.00         Scholaruph       \$ 0.00         Scholaruph       \$ 0.00         Scholaruph       \$ 0.00         Compoct_LC 0.8.7.       \$ 0.00         LANSCH       \$ 0.00         Compoct_LC 0.8.7.       \$ 0.00         Compoct_LC 0.8.7.       \$ 0.00         LANSCH       \$ 0.00         LANSCH       \$ 0.00         Compoct_LC 0.8.7.       \$ 0.00         LANSCH       \$ 0.				2. Iotal Time & Half Hrs. (Saturday) x \$ 7.50 =	Organize	r			
Taming & Appendixe         \$ 0.04           Scholanship         \$ 0.04           OCMOCLECET.         \$ 0.00           MARE ONE CHECK PAYABLE TO: CEMENT & CONCRETE FRINGE BENEFIT FUND 214-38 42 <sup>rd</sup> Avenue, 2 <sup>rd</sup> Floor, Bayside, NY 11381         Total HOURS WORKED				4. Amount Due \$					
Scholarship       \$ 0.08         Administrative       \$ 0.08         Administrative       \$ 0.08         TOTAL HOURS WORKED       \$ \$ 8.50         TOTAL HOURS WORKED       \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				······································					
COMPOCUE CE T.         \$ 0.80           Administrative         \$ 0.80           TOTAL HOURS WORKED         \$ \$ 0.80           CALL HOURS WORKED         \$ \$ \$ 0.80           TOTAL HOURS WORKED         \$ \$ \$ \$ 0.80           CEMPLOYERS NAME:					Vacation		\$ 3.50/h	r	
Administrative       \$ 0.80         TOTAL HOURS WORKED       \$ \$ 0.80         TOTAL HOURS WORKED       \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				MAKE ONE CHECK PAYABLE TO:					
TOTAL HOURS WORKED       x \$ 16.70       214-38 42 <sup>ed</sup> Avenue, 2 <sup>ed</sup> Floor, Bayside, NY 11361       Tol: 718-762-6133 Fax: 718-762-6144         Amount Due – Part A: \$ + Part B: \$ + Part C: \$ = TOTAL DUE FROM CONTRACTOR \$	Admi	nistrative	\$ 0.50		TOTAL	HOURS WORKED	x \$ 8.25		
TOTAL HOURS WORKED       * \$ 16.70       Bayside, NY 11361       Tel: 718-762-6133 Fax: 718-762-6134         Amount Due – Part A: \$									
	тоти	AL HOURS WORKED	x \$ 16.70			Tel: 718-762-	6133 Fax: 718-7	762-5144	
EMPLOYERS NAME:       TEL:         EMPLOYERS ADDRESS:       FAX:         JOB LOCATION:       FAX:         NAME AND ADDRESS OF GENERAL CONTRACTOR:       FAX:         Report for week beginning:	Am	ount Due – Part A: \$	+ Part B: \$ _	+ Part C: \$ = TOTAL DUE FRO	M CONTRACTOR	R \$			
EMPLOYERS ADDRESS:			ALL INFORM	ATION BELOW MUST BE FULLY PROVIDED WITH EA	CH REPORT: PI	rint or Type			
JOB LOCATION:	EMPLOYERS NAME:					TEL:			
NAME AND ADDRESS OF GENERAL CONTRACTOR:	EMF	PLOYERS ADDRESS:				FAX: _			
Report for week beginning:      and ending:      Employers Federal ID Number.*		-							
<b>CPLASE ENTER BOTH DATES - THANK YOU!</b> The devision of the period specified. The undersigned Employer hereby adopts and makes a part hereof the terms and conditions in the reverse side hereof with the same force and effect as if fully set forth herein. The persons by adopts and makes a part hereof the terms and conditions in the reverse side hereof with the same force and effect as if fully set forth herein. The persons by adopts and makes a part hereof the terms and conditions in the reverse side hereof with the same force and effect as if fully set forth herein. The persons by adopts and makes a part hereof the terms and conditions in the reverse side hereof with the same force and effect as if fully set forth herein. The persons by adopts and makes a part hereof the terms and conditions in the reverse side hereof with the same force and effect as if fully set forth herein. The persons be reverse side hereof with the same force and effect as if fully set forth herein. The persons be reverse side hereof with the same force and effect as if fully set forth herein. The persons and the employer in accordance with the provisions of the Collective and effect as if fully set forth herein. The merson set is the employer in accordance with the provisions of the Collective and effect as if fully set forth herein. The merson set is the employer in accordance with the same force and effect as if fully set forth herein. The merson set is the employer in accordance with the same force and effect as if fully set forth herein. And effect as if fully set forth herein. The merson set is the employer and the principal so members hereof. The Employer and the merson set forth on This report for each hour of employment performed within the trade and ecographical jurisdictive and the employer and the same force and effect as if fully set forth herein. The merson set forth and thereoffect as if fully set forth her	NAN	IE AND ADDRESS OF G	ENERAL CONTRA						
The Undersigned Employer hereby certifies that the information contained in this report and the attached schedule is true and correct, that the hours reported represent all hours worked by any cement and concrete worker in the employ of the named Employer for the period specified. The undersigned Employer hereby actifies that and encorrete worker in the employ of the name and conditions, rights, liabilities and responsibilities of an employer in accordance with the provisions at the degreement cirrently inforce with the District Council of Cement and concrete Workers comprised of Locals kos. 6-A, 16-A and 20, with the same force and effect as if fully set forth herein, and warrants and represents that the provision is accordance with the provision is the authority to bind the Employer accordance with the provision is accordance therewith in the amount set forth on This report of each hour of employment performed within the trade and geographical jurisdicton of the District Council.  SIGNATURE OF CORPORATE OFFICER OR PARTNER	Rep	ort for week beginning: _		and ending: Emp	loyers Federal I	D Number <mark>:*</mark> _			
Employer for the period specified. The undersigned Employer hereby adopts and makes a part hered the terms and conditions, rights, liabilities and responsibilities of an employer in accordance with the provisions of the Collective Bargaining Agreement currently in force with the District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 16-A and 20, with the same force and effect as if fully set forth herein. The Bargaining Agreement currently in force with the District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 16-A and 20, with the same force and effect as if fully set forth herein. The Bargaining Agreement currently in force with the District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 16-A and 20, with the same force and effect as if fully set forth herein. The Bargaining Agreement currently in force with the District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 16-A and 20, with the same force and effect as if fully set forth herein. The Bargaining Agreement currently in force with the District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 16-A and 20, with the same force and effect as if fully set forth herein. The Bargaining Agreement currently in force with the District Council of Cement and geographical jurisdiction of the District Council.         SIGNATURE OF CORPORATE OFFICER OR PARTNER       DATE         Print Name of Signer:       Title & BALF       DOUBLE       TOTAL         1       SOCIAL SECURITY NUMBER       NAME       STRAIGHT       TIME & HALF       DOUBLE       HOURS         2       Image: Image			{PLEASE EN	ITER BOTH DATES – THANK YOU}					
Print Name of Signer:	signing Bargai bind th of the	this report on behalf of the Employer ning Agreement currently in force with le Employer and the principals or mem District Council.	hereby consents and agrees the District Council of Cemer bers thereof. The Employer a	to be personally bound by and to assume all of the terms and conditions, rights, liabilitie and concrete Workers comprised of Locals Nos. 6-A, 18-A and 20, with the same forc grees to make all contributions in accordance therewith in the amount set forth on This	es and responsibilities of ce and effect as if fully se report for each hour of e	an employer in accordar t forth herein, and warrar mployment performed wi	the with the provisions of the and represents that thin the trade and geog	of the Collective he has authority to raphical jurisdiction	
SOCIAL SECURITY NUMBER     NAME     STRAIGHT HOURS     TIME & HALF HOURS     DOUBLE HOURS     TOTAL HOURS       1									
HOURS     HOURS     HOURS     HOURS       1	Prin	t Name of Signer:			Title				
2 3		SOCIAL SECURITY NUMBER		NAME					
3	1								
	2								
4	3								
	4								
5	5								
6									
7 •									
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9 10	0								