

EMPLOYER'S REPORT OF CONTRIBUTIONS

U.A. LOCAL 355 TRUST FUNDS
 Utilities & Landscape of Northern California
 and Northern Nevada

FOR WORK PERFORMED DURING:
 As of July

P.O. BOX 7909
 SAN FRANCISCO, CA 94120
 (800) 388-0508

Company Name -

CONTRIBUTIONS DUE the 15th

DELINQUENT IF AFTER the 20th

Page 1

NOTICE ▶ THIS REPORT MUST BE RETURNED: IF YOU HAVE NO EMPLOYEES, MARK NONE & RETURN TO TRUST OFFICE

SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME FIRST INITIAL	STRAIGHT HOURS WORKED	OVERTIME HOURS		TOTAL HOURS PAID	PAYMENT FOR HOURS WORKED																						
			TIME & ONE-HALF	DOUBLE TIME																								
xxx-xx-2233	Bush, D	160	4		164	<table border="1"> <tr><td colspan="2">RATE CODE Journeyman</td></tr> <tr><td>Journeyman</td><td></td></tr> <tr><td>Health</td><td>\$ 6.60</td></tr> <tr><td>DC Pen 1</td><td>\$ 3.00</td></tr> <tr><td>Dues</td><td>\$ 1.05</td></tr> <tr><td>Apprent1</td><td>\$ 0.45</td></tr> <tr><td>Vacation</td><td>\$ 2.00</td></tr> <tr><td>Labor</td><td>\$ 0.25</td></tr> <tr><td>Hirhall</td><td>\$ 0.10</td></tr> <tr><td>Contract</td><td>\$ 0.25</td></tr> <tr><td>Total Hourly Rate</td><td>\$ 13.70</td></tr> </table>	RATE CODE Journeyman		Journeyman		Health	\$ 6.60	DC Pen 1	\$ 3.00	Dues	\$ 1.05	Apprent1	\$ 0.45	Vacation	\$ 2.00	Labor	\$ 0.25	Hirhall	\$ 0.10	Contract	\$ 0.25	Total Hourly Rate	\$ 13.70
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Total Hourly Rate	\$ 13.70																											
xxx-xx-4567	Scrubs, W	160	4		164																							
xxx-xx-8765	Waters, D	160	4		164																							
xxx-xx-2468	Stevens, D	80	4		84																							
	add new employees																											
xxx-xx-0006	Rivers, J	160			160	<table border="1"> <tr><td colspan="2">RATE CODE Asst. Jrny</td></tr> <tr><td>Asst. Jrny/App 4-10</td><td></td></tr> <tr><td>Health</td><td>\$ 6.60</td></tr> <tr><td>DC Pen 1</td><td>\$ 3.00</td></tr> <tr><td>Dues</td><td>\$ 0.60</td></tr> <tr><td>Apprent1</td><td>\$ 0.45</td></tr> <tr><td>Vacation</td><td>\$ 2.00</td></tr> <tr><td>Labor</td><td>\$ 0.25</td></tr> <tr><td>Hirhall</td><td>\$ 0.10</td></tr> <tr><td>Contract</td><td>\$ 0.25</td></tr> <tr><td>Total Hourly Rate</td><td>\$ 13.25</td></tr> </table>	RATE CODE Asst. Jrny		Asst. Jrny/App 4-10		Health	\$ 6.60	DC Pen 1	\$ 3.00	Dues	\$ 0.60	Apprent1	\$ 0.45	Vacation	\$ 2.00	Labor	\$ 0.25	Hirhall	\$ 0.10	Contract	\$ 0.25	Total Hourly Rate	\$ 13.25
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Contract	\$ 0.25																											
Total Hourly Rate	\$ 13.25																											
xxx-xx-9999	Branch, W	160			160																							
xxx-xx-8887	Digums, E	0	Terminated																									

RATE CODE Journeyman	
Journeyman	
Health	\$ 6.60
DC Pen 1	\$ 3.00
Dues	\$ 1.05
Apprent1	\$ 0.45
Vacation	\$ 2.00
Labor	\$ 0.25
Hirhall	\$ 0.10
Contract	\$ 0.25
Total Hourly Rate	\$ 13.70

TOTAL HOURS (2) 576
 AMOUNT DUE (1) X (2) = (3) \$17891.20

RATE CODE Asst. Jrny	
Asst. Jrny/App 4-10	
Health	\$ 6.60
DC Pen 1	\$ 3.00
Dues	\$ 0.60
Apprent1	\$ 0.45
Vacation	\$ 2.00
Labor	\$ 0.25
Hirhall	\$ 0.10
Contract	\$ 0.25
Total Hourly Rate	\$ 13.25

TOTAL HOURS (5) 320
 AMOUNT DUE (4) X (5) = (6) \$4240.00

MAKE CHECK PAYABLE TO:
 U.A. LOCAL 355 TRUST FUNDS

UA LOCAL 355 TRUST FUNDS
 PO BOX 7667
 SAN FRANCISCO, CA 94120

USE AREA BELOW TO COMPUTE
 TOTAL PAYMENT THIS PAGE
 AND CHECK AMOUNT

COMBINED TOTAL (3) + (6) = (7)	12131.20
TOTAL AMOUNT DUE ALL OTHER PAGES (TOTAL ALL ITEMS) (8)	5714.00
TOTAL AMOUNT DUE (CHECK AMOUNT) (9)	17845.20

page 2 -
 Total to TF -

THE UNDERSIGNED, A DULY AUTHORIZED REPRESENTATIVE OF THE INDIVIDUAL EMPLOYER NAMED HEREIN CERTIFIES THAT SAID INDIVIDUAL EMPLOYER IS NOW PARTY TO, OR DOES HEREBY ACCEPT AND AGREE TO, ALL OF THE TERMS AND CONDITIONS OF U.A. LOCAL 355 LABOR AGREEMENT PERTAINING TO THE WORK OF HIS (ITS) EMPLOYEES, AND THAT PAYMENTS REMITTED HEREWITH ARE MADE UNDER AND PURSUANT TO SAID LABOR AGREEMENT.

X SIGNATURE _____
 TITLE _____
 DATE _____

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SOCIAL SECURITY NUMBER	EMPLOYEE		STRAIGHT HOURS WORKED	OVERTIME HOURS		TOTAL HOURS PAID	PAYMENT FOR HOURS WORKED
	LAST NAME	FIRST INITIAL		TIME & ONE-HALF	DOUBLE TIME		
xxx-xx-9988	Poolis, W		160			160	RATE CODE Tradesman 2/i Tradesman II Health \$ 6.60 DC Pen 1 \$ 3.00 Dues \$ 0.45 Apprent1 \$ 0.45 Vacation \$ 2.00 Labor \$ 0.25 Hirhall \$ 0.10 Contract \$ 0.25 Total Hourly Rate \$ 13.10
							TOTAL HOURS (2) 160
							AMOUNT DUE (1) X (2) = (3) \$ 2096.00
							RATE CODE Tradesman 1/App1-3
xxx-xx-8766	Young, S		120			120	TRUSTS HOURLY RATE Tradesman 1/App 1-3 Health \$ 6.60 Dues \$ 0.40 Apprent1 \$ 0.45 Vacation \$ 2.00 Labor \$ 0.25 Hirhall \$ 0.10 Contract \$ 0.25 Total Hourly Rate \$ 10.05
xxx-xx-0009	Foreman, S		120			120	
xxx-xx-5555	Rocks		120			120	
							TOTAL HOURS (5) 360
							AMOUNT DUE (4) X (5) = (6) \$ 3618.00

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Transfer to PAGE 1

X SIGNATURE
TITLE
DATE

