

## EMPLOYERS AND OPERATING ENGINEERS LOCAL 520 CONTRIBUTIONS REPORT FORM FOR THE MONTH OF \_\_\_\_\_

INSTRUCTIONS: Report all employees covered under your Collective Bargaining Agreement. Delete all employees no longer employed by lining them out and add the new employees, showing name, Social Security Number, job site or project name, the governmental contract number and hours worked. If an employee works on more than one job site, project or on more than one governmental contract number, list the employee as many times as necessary with the appropriate hours under each category. Make checks payable to appropriate payees and return by the 10th of the month succeeding the work month. If you had no employees, mark this report "NO EMPLOYEES" and return no later than the 10th of the following month so that you will not appear delinquent for this month. If you desire to submit all the required information on your own computer-generated copy, please sign and attach this page to your form.

Payments received after the 10<sup>th</sup> day of the month subject to 10% Liquidated Damages.

Social Security Number	Employee Name			Project Name/Contract	Hours Worked In Month			(4) Total Monthly Gross Earnings
	Last	First	MI		(1) Straight	(2) Time & One Half	(3) Double	
<b>Subtotal This Page.....</b>								
<b>Total All Pages.....</b>								

Fund Name	Amount (1)		Amount (2)		Amount (3)		Summary of Contributions (Add Columns 1,2 and 3)	<b>Make Checks Payable to: Employers and Operating Engineers Local 520 Health and Welfare Fund 8 Executive Woods Court Swansea, Illinois 62226 Phone: (618)233-7978 Fax: (618)233-7716</b>
Welfare	12.35		18.53		24.70			
Pension	11.00		16.50		22.00			
Apprenticeship	1.00		1.50		2.00			
**Vacation	1.00		1.50		2.00			
SICAP	0.10		0.15		0.20			
DIAAF	0.10		0.15		0.20			
Annuity	7.00		10.50		14.00			
**Dues Check Off	3% of Total Monthly Gross Earnings (Column 4)							
**Voluntary Fund	0.05		0.075		0.10			
<b>Total Contributions</b>								
<b>10% Liquidated Damages</b>								
<b>**PAYROLL DEDUCTIONS</b>		<b>Total Check Amount</b>						

Company Name and Address

Federal Identification Number: \_\_\_\_\_ Employer No.: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The above Signed Employer, if not already signatory, hereby becomes a signatory party to the Collective Bargaining Agreement with Operating Engineers Local 520 covering the type and area of work of the above employees and also Agreement and Declaration of Trusts, Establishing the fund s which payment is made herewith.