TUCKPOINTERS BENEFIT FUNDS

Make check Payable to -TUCKPOINTERS LOCAL 52 FRINGE BENEFITS ACCOUNT P.O. BOX 71767 - CHICAGO, ILLINOIS 60694-1767 - PHONE (630) 516-8008

	MONTH						20			
EMPLOYER		PHONE								
4 DDD500										
ADDRESS										
SUPERINTEN	DE	EN'	TS MUST BE IDI	ENTIF	IED					
EMPLOYEE	l.i	A	SOCIAL SECURITY	1st	ACTUAL I	AL HOURS WORKED IN PERIOD 1 3rd 4th 5th TOTAL				
INDICATE AFTER NAME (J) or (A) WITH A CHECKMARK ✓	Ļ	^	NUMBER	WEEK	WEEK	3rd WEEK	WEEK	WEEK	TOTAL	
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Journeyman x \$2.75 Apprentice	x \$2	.42	Total Hours							
PLEASE REMIT ONE CHECK RA	TE	effe	ective 6/1/23 Jou	ırneyma	n \$36.81	App	rentice	\$36.48		
Tuckpointers Local 52 Welfare Trust			\$9.55							
2. Tuckpointers Local 52 Pension Trust										
3. Tuckpointers Local 52 Annuity Trust			\$10.61		1)					
. Apprenticeship Trust(DCTC)\$.52						Hours x \$36.81				
5. International Masonry Institute (IMI)\$.84						Journeyman = \$				
6. IL District Council No. 1 DUES (Journeyman \$2.75) (Apprentice \$2.42)							_			
7. Tuckpointers Local 52 Promotion Trust (PROMO)							Ш.			
8. International Union Pension (IPF) 1.00. BAC PAC .\$.02\$1.02							s x \$36.			
9. International Union Pension - IPF/PPA Requirement\$.81						Appr	entice =	\$		
Local Political Committee Market Recovery Fund (MR)					I 01	TOTA	71 HOHE	RS		
• • • • • • • • • • • • • • • • • • • •					——— l ′	1017	12 11001			
CISCO\$.01\$.01\$.25\$						4) GRAND TOTAL \$				
14. LMCC										
We certify the above is a true and complete report of hours worked by all employees Further, the undersigned employer hereby agrees to be bound by the terms of the all Industry as amended and restated, and the Agreement and Declaration of Trust of Tu Contribution Annunity Trust Fund as stated.	enga Agree ckpoi	iged ir ment nters	n work covered by the occupational ju and Declaration of Trust of the Chica Local #52 Pension Trust Fund, as am	ırisdiction of						
This is your authority to examine our retained copies of all payroll tax returns and in	uıvıdı	iai pay	•							
LATE PAYMENTS A report must be filed <u>each month</u> even if no covered employees worked that must be filed to be a support of the month followed by the 20th day of the month followed to be a support for most followed by the 20th day of the month followed to be a support for most followed by the 20th day of the month followed by the 20th day of the 20th			Employer							
Submittal of report form with full payment is due by the 20th day of the month follow the month covered by the report. Substantial late charges will be applied who contributions are not postmarked by the due date.			Signature							