

**MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS**  TRAVELING CONTR.  
**NATIONAL ELECTRICAL BENEFIT FUND**  PERMANENT CONTR.  
**TOGETHER WITH OTHER LOCAL 351 FRINGE BENEFITS**

Page No. \_\_\_\_\_

PLEASE TYPE OR PRINT

LOCAL UNION NO. WHERE WORK IS PERFORMED \_\_\_\_\_ **351**

NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 TEL # \_\_\_\_\_

FAX # \_\_\_\_\_

EMPLOYER'S FEDERAL REGISTRATION NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

STATE TAX NO. \_\_\_\_\_

TOTAL NUMBER EMPLOYED THIS PERIOD \_\_\_\_\_

Bldg. Contr. Journeymen's Wage Rate Per Hour \$ \_\_\_\_\_

This Transmittal Covers ALL Payroll Weeks Ending In Calendar MONTH of \_\_\_\_\_ Year \_\_\_\_\_

This report and payment shall be mailed to reach the office of I.E. Shaffer & Co. not later than fifteen (15) calendar days following the end of each calendar month.

**CLASSIFICATIONS TO BE USED IN COLUMN 3 - MPR351A CONTINUATION SHEET**

1. Building Construction  
6. Inside Apprentice

7. Outside Constr.  
8. Outside Apprentice

22. Residential Journeymen  
23. Residential Apprentice

26. Other (Non-Bargaining Unit)  
27. Alumni

A COMPUTER PRINT-OUT OF MPR 211A CONTINUATION SHEET MUST ACCOMPANY EACH COPY OF THIS SUMMARY SHEET

	JOURNEYMAN	APPRENTICE	RESIDENTIAL	TOTALS
TOTAL GROSS PAY	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL GROSS HOURS	_____	_____	_____	_____
TOTAL CLOCK HOURS	_____	_____	_____	_____

**CONTRIBUTIONS DUE**

WELFARE	\$ _____	\$ _____	\$ _____	\$ _____
PENSION	\$ _____	\$ _____	\$ _____	\$ _____
VACATION	\$ _____	\$ _____	\$ _____	\$ _____
IATC	\$ _____	\$ _____	\$ _____	\$ _____
WORKING DUES A	\$ _____	\$ _____	\$ _____	\$ _____
ANNUITY	\$ _____	\$ _____	\$ _____	\$ _____
COPE	\$ _____	\$ _____	\$ _____	\$ _____
ADMINISTRATIVE	\$ _____	\$ _____	\$ _____	\$ _____
NECA SERVICE	\$ _____	\$ _____	\$ _____	\$ _____
NEBF	\$ _____	\$ _____	\$ _____	\$ _____
WORKING DUES B	\$ _____	\$ _____	\$ _____	\$ _____
TEMPORARY DISABILITY	\$ _____	\$ _____	\$ _____	\$ _____
NLMCC	\$ _____	\$ _____	\$ _____	\$ _____

MAKE 1 CHECK PAYABLE TO "IBEW LOCAL 351 DISTRIBUTION FUND" FOR THE TOTAL AMOUNT DUE FORWARD CHECK AND ALL COPIES OF REPORT (EXCEPT GOLD) TO: I.E. SHAFFER & CO.  
 P.O. BOX 1028  
 TRENTON, NJ 08628-0230

**TOTAL AMOUNT DUE**  
 \$ \_\_\_\_\_

Check here

First report in this Local Union area \_\_\_\_\_

Final report in this Local Union area \_\_\_\_\_

When more forms are needed \_\_\_\_\_

CHECK TYPE OF BUSINESS ENTITY

SINGLE PROPRIETORSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

PARTNERSHIP \_\_\_\_\_

The undersigned hereby adopts and agrees to be bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided therein. I hereby acknowledge having received a copy of the above Agreement and certify that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 8 of the Agreement). I further certify that if contributions are made on behalf of non-bargaining unit employees, I am making such contributions in accordance with Article 6 of the Agreement and I am either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement.

FIRM NAME \_\_\_\_\_

SIGNATURE & TITLE \_\_\_\_\_

DATE \_\_\_\_\_

