

WEEKLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
TOGETHER WITH OTHER LOCAL 400 FRINGE BENEFITS

TRAVELING CONTR.
 PERMANENT CONTR.

PLEASE TYPE OR PRINT
NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE NO. _____
FAX NO. _____

LOCAL UNION NO. WHERE WORK IS PERFORMED **400**
EMPLOYER'S FEDERAL
REGISTRATION NO. _____
LICENSE NO. _____ STATE TAX NO. _____
TOTAL NUMBER
EMPLOYED
THIS PERIOD
Bldg. Contr.
Journeyman's
Wage Rate
Per Hour \$ _____
JOBSITE LOCATION
1. _____ 3. _____
2. _____ 4. _____

This Transmittal Covers the Payroll Week Ending: _____ 19 _____

This report and payment shall be mailed to reach the office of I.E. Shaffer & Co. on a weekly and current basis.

A COMPUTER PRINT-OUT OR MPR 400A CONTINUATION SHEET MUST ACCOMPANY EACH COPY OF THIS SUMMARY SHEET

	JOURNEYMAN/ APPRENTICE	RESIDENTIAL/ SMALL WORKS	TELEDATA	OTHER	TOTALS
TOTAL GROSS PAY	\$	\$	\$	\$	\$
TOTAL GROSS HOURS					
TOTAL CLOCK HOURS					

CONTRIBUTIONS DUE

WELFARE	\$	\$	\$	\$	\$
PENSION	\$	\$	\$	\$	\$
JATC	\$	\$	\$	\$	\$
DUES	\$	\$	\$	\$	\$
ANNUITY	\$	\$	\$	\$	\$
NNJ EIF	\$	\$	\$	\$	\$
NEBF	\$	\$	\$	\$	\$
NNJCAMF	\$	\$	\$	\$	\$
TEMP. DISABILITY	\$	\$	\$	\$	\$
NLMCC	\$	\$	\$	\$	\$
OTHER	\$	\$	\$	\$	\$

MAKE 1 CHECK PAYABLE TO "IBEW LOCAL 400 DISTRIBUTION FUND" FOR THE TOTAL AMOUNT DUE

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

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 for therein. I hereby acknowledge having received a copy of the above Agreement. I 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 6 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 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 _____