

**MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS  
NATIONAL ELECTRICAL BENEFIT FUND  
TOGETHER WITH OTHER LOCAL 456 FRINGE BENEFITS**

TRAVELING CONTR.  
 PERMANENT CONTR.

PLEASE TYPE OR PRINT

LOCAL UNION NO. WHERE WORK IS PERFORMED ..... **456**

EMPLOYER'S FEDERAL  
REGISTRATION NO. ....

TOTAL NUMBER  
EMPLOYED  
THIS PERIOD

Bldg. Contr.  
Journeyman's  
Wage Rate  
Per Hour \$

NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
TEL #

FAX #

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.

A COMPUTER PRINT-OUT OR MPR 456A CONTINUATION SHEET MUST ACCOMPANY EACH COPY OF THIS SUMMARY SHEET

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

CONTRIBUTIONS DUE				
WELFARE	\$	\$	\$	\$
PENSION	\$	\$	\$	\$
PERSONAL	\$	\$	\$	\$
JATC	\$	\$	\$	\$
WORKING DUES	\$	\$	\$	\$
ANNUITY	\$	\$	\$	\$
NNJ EIF	\$	\$	\$	\$
NEBF	\$	\$	\$	\$
NNJCAMF	\$	\$	\$	\$
TEMPORARY DISABILITY	\$	\$	\$	\$
COPE	\$	\$	\$	\$
NLMCC	\$	\$	\$	\$
OTHER	\$	\$	\$	\$

MAKE 1 CHECK PAYABLE TO "IBEW LOCAL 456 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 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 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 \_\_\_\_\_