

**PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9
EMPLOYER CONTRIBUTION REPORT**

Page _____ of _____

I.E. SHAFFER & CO. — ADMINISTRATORS
P.O. BOX 1028 • TRENTON, NJ 08628-0230
(609) 883-6688 • (800) 792-3666

**WHEN A NEW SUPPLY
OF FORMS IS NEEDED
CHECK THIS BOX**

Payroll Period Commencing _____ and Ending _____

SOCIAL SECURITY NUMBER			Appren- tice Class	First Initial	Middle Initial	(Type or Print) LAST NAME	* GROSS PAYROLL HOURS	GROSS PAY
TOTALS								

*Gross Payroll Hours are determined by dividing the employee's gross pay by his straight-time hourly wage rate.

	WELFARE	PENSION	PERSONAL	EDUCATION	INDUSTRY	WORKING ASSESS 1	SURETY	ITF	WORKING ASSESS 2
Total Hours/Gross Pay									
Contribution Rate Per Hour									
Total Amount Payable									
Adjustments (attach explanation)									
Net Amount									

TOTAL ALL PAYMENTS DUE \$ _____

Issue one check payable to "Plumbers & Pipefitters Local 9 Distribution Fund" and forward to I. E. Shaffer & Co. with 1 copy of this report.

I certify the information contained in this report is true and correct and that the above listed Employees represent all and only those Employees employed under the terms of an agreement between the Employer and Plumbers & Pipefitters Local Union 9. The undersigned Employer hereby agrees to make all payments for wages, fringes and industry program as required by the existing Collective Bargaining Agreement between the Local Union and the Local Contractor Association. The undersigned Employer hereby agrees that the within payments to all of the listed Funds are being made in accordance with the existing Collective Bargaining Agreement covering the territorial jurisdiction of the Local Union and further agrees that it will abide by all of the terms and conditions of said Agreement during the term thereof.

Name of Employer

Street

City _____ State _____ Zip _____

Employer Tax I.D. No.

Telephone No.

Signature _____

Title _____ Date _____

