**RESIDENTIAL DIVISION**
**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 | First Initial | (Type or Print) LAST NAME | Class | Hours Worked | | | Gross Wages | Total Package |
|---|---|---|---|---|---|---|---|---|
| | | | | Regular | Overtime | TOTAL | | |
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| | | | TOTALS | | | | | |

| WELFARE | INDUSTRY | WORKING ASSESS | SURETY | PERSONAL |
|---|---|---|---|---|
| | | | | |
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| | | | | |
| | | | | |

Total Hours/Total Package .....
Contribution Rate .....
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 one 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 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 _____

REV. 06/06

WHITE - Fund Copy • YELLOW - Employer's Copy

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