CARPENTERS/MILLWRIGHTS FRINGE BENEFITS MONTHLY REPORT FORM

Mid Atlantic Regional Council of Carpenters
West Virginia District
1812 Garfield Avenue
Parkersburg WV 26101
304 485-2300
304 485-2750 Fax

PLEASE FILE A SEPARATE REPORT FOR EACH LOCAL UNION. REPORTS AND PAYMENTS ARE DUE ON THE 1ST OF EACH MONTH FOR THE PRECEDING MONTH. PAYMENTS ARE DELINQUENT AFTER THE 15TH.

LOCAL_____

REPORT FOR MONTH OF_____ **JOB LOCATION (COUNTY)**_____

EMPLOYEE'S SOCIAL SECURITY NUMBER AND NAME	CODE	TOTAL GROSS WAGES	TOTAL DUES DEDUCTED	REGULAR HOURS WORKED WEEK ENDING					TOTAL Hours Worked	TOTAL Hours Paid	Total Vacation Deducted

I HEREBY CERTIFY THE INFORMATION SUBMITTED ON THIS REPORT IS TRUE AND CORRECT AND AGREE TO BE BOUND BY THE TERMS OF PAYMNET TO THE FUNDS COVERED BY THIS REPORTING FORM, AS SET FORTH IN THE COLLECTIVE BARGAINING AND TRUST AGREEMENTS.

SIGNED_____ **DATE**_____

CHECK HERE IF MORE BLANK FORMS ARE NEEDED ☐

CHECK HERE IF ADDRESS IS A JOB SITE ☐

△ IDENTIFICATION NUMBER △

▽ NAME-ADDRESS-CITY-STATE-ZIP ▽

		HOURS	RATE PER HOUR	
1	TOTAL DUES			$
2	WORKED			$
3	PAID			$
4	VACATION			$
5	REMITTANCE			$
6	DELINQUENT ASSESSMENT			$
7	TOTAL REMITTANCE			$

MAKE CHECKS PAYABLE TO: **MARCC – WV District PO Box 1586 - Charleston WV 25326**