

EMPLOYER'S REPORT OF CONTRIBUTIONS (ERC)

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS (NCPTTF) FOR UA LOCAL 342

ABC COMPANY

Association: NCMCA (N CA MECHANICAL CONTRACTORS ASSOCIATION)

Phone 925/356-8921 • Toll Free 800/780-8984 • Fax 925/356-8938

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(1) Job Class: **MLA - JOURNEYMAN**

RT: 01040

EMPLOYER CONTRIBUTIONS ARE DUE AND PAYABLE BY: 8/15/2016	AND ARE DELINQUENT IF RECEIVED AFTER THE 22 ND : 8/22/2016	WORK MONTH: JULY 2016
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(2)											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

← **REPORTS HAVE NOT BEEN RECEIVED FOR THE WORK MONTHS INDICATED**

REPT#: ADDTL

ER: 23456

Social Security Number (3)	Employee Last Name First Name (4)	Flat Rate Amount (5)	Straight Time Hours (6)	Time & 1/2 Hours (7)	Double Time Hours (8)	Full Fringe Hours (6)+(7)+(8) (9)	OT/DT Hours [0.5 x (7)] + (8) (10)	Full Fringe & OT/DT Hours (9) + (10) (11)	Fringes			
									Full Fringes	Hourly Rate		
SAMPLE										PENSION	12.89	
										H/W	18.25	
											TRAINING	3.70
											RET FUND	0.40
											CNTC ADMN	0.25
											LM	0.05
											401(a)	5.00
											HRA	0.50
										Total Hourly Rate (19)	41.04	
										Total Full Fringe (16x19)		
											Hourly Rate	
										401 (a)	5.00	
										HRA	0.50	
										Complete (21) and (22) only when reporting OT/DT		
										Total Hourly Rate (21)	5.50	
										Total (17x21)		
											Hourly Rate	
										DUES CKOFF	2.67	
										Total Hourly Rate (23)	2.67	
										Total (18x23)		
										Use Area Below to Compute Total Payments on this Page.		
										Page Total (25)		
										(12+20+22+24)		

SEE BACK OF ERC FOR INSTRUCTIONS ON COMPLETING THIS FORM

NOTICE: THIS REPORT MUST BE RETURNED IF YOU HAVE NO EMPLOYEES - WRITE "NONE", SIGN AND RETURN IN THE ENCLOSED ENVELOPE.

The employer certifies under the penalty of perjury that the information contained herein is correct, that all hours worked or paid during the period covered are reported herein, and that if it has not already done so, agrees to be bound by all of the terms of UA Local 342's collective bargaining agreement(s) covering the type and kind of work the employer performs and which establishes the fringe benefit contribution rates set forth herein, and agrees to be bound by all of the terms of the trust agreements including the provisions therein for liquidated damages, attorneys fees and interest as required by section 302(C)(5)(B) of the National Labor Relations Act and ERISA and states that all payments reported herein are made in accordance with the collective bargaining agreement(s) and applicable trust agreements and that it authorizes the depository bank to transfer the monies remitted herewith to the appropriate funds in accordance with the instructions issued by the trustees thereof. The undersigned certifies under the penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such employer. (26)

Signature _____ Print Name _____ Title _____

Date _____ Phone _____ Email _____

(27) **See reverse for REPORT & PAYMENT SUBMISSION**