NEW JERSEY CARPENTERS FUNDS

EMPLOYERS WEEKLY REMITTANCE REPORT
In New Jersey call 1-800-624-3096

FOR FUNDS USE ONLY:
Employers Code # _____
Clerks Initials: _____
Misc: _____

Employer: _____
Address: _____ E-Mail: _____
_____ Telephone: _____ Fax: _____
State Tax "I.D." # _____ Federal Tax "I.D." # _____

The Employer hereby acknowledges his or its agreement to the Collective Bargaining Agreement which requires the payment of the fringe benefits forwarded herewith. The Employer further agrees to the Agreements and the Declarations of Trust governing the New Jersey Carpenters Fringe Benefit Funds. Both Collective Bargaining Agreement and the Agreements and Declarations of Trust are hereby incorporated by the reference and the Employer agrees to abide by said agreements.

SIGNATURE _____ DATE _____ TITLE _____

IMPORTANT! ALL OF THE REQUESTED INFORMATION ON THE REMITTANCE REPORT MUST BE COMPLETED FOR THE REPORT TO BE PROCESSED. ANY MISSING INFORMATION COULD DELAY THE CREDIT OF THE CONTRIBUTION BENEFITS TO THE CARPENTERS.

JOB LOCATION *is the determining factor as to where fringe benefit contributions and/or deductions are payable.*

LOCAL UNION # COVERING JOB _____ **PAYROLL WEEK ENDING** _____

JOB LOCATION (Address) _____

PLEASE UTILIZE ONE (1) FORM FOR EACH JOB LOCATION

SOCIAL SECURITY #	EMPLOYEE NAME	RATE PER HOUR	GROSS WAGES	HOURS
		TOTAL➡		

FOR RATE INFORMATION PLEASE REFER TO THE N.J.C.F. RATE SHEET WHICH SHOULD BE USED IN CONJUNCTION WITH THIS REPORT. PLEASE CONTACT THE FUND OFFICE FOR UP-TO-DATE RATES. ALSO, PLEASE NOTE THAT THE RATES ARE SUBJECT TO CHANGE. QUESTIONS? PLEASE CALL 1-800-624-3096.

PENSION _____ % **HEALTH** _____ % **HEALTH CATASTROPHIC** _____ % **VACATION** _____ %
DUES CHECK OFF _____ % **ANNUITY** _____ % **APPRENTICE** _____ % **MARKET RECOVERY** (effective 11/1/08) _____ %

TOTAL GROSS WAGES: _____ @ TOTAL PERCENTAGE: _____ = $ _____

Market Recovery Program: (effective 10/31/08 and prior) _____ HOURS: _____ @ RATE = $ _____

UBCJA/BCA Health Safety Industry Funds: _____ HOURS: _____ @ RATE = $ _____

Labor Cooperative Management Fund: _____ HOURS: _____ @ RATE = $ _____

All Contractors are required to pay the UBCJA/BCA and Labor Cooperative Management Funds

GRAND TOTAL DUE: $ _____

FUNDS USE ONLY:

UBC Hrs: UBC Rate: Ind. Hrs: Ind. Rate: DISCA Hrs: DISCA Rate:

PLEASE SEND _____ **PADS OF FORMS.**

ONE CHECK PAYABLE TO - NEW JERSEY CARPENTERS FUND - RARITAN PLAZA II, P.O. BOX 7818, EDISON, NJ 08818-7818