

Revised 05/11  
 (Please typewrite or print)

Tel. (203) 281-5511  
 Fax (203) 407-0147

**CONNECTICUT CARPENTERS  
 BENEFIT FUNDS  
 CARPENTERS LOCAL 210  
 RESIDENTIAL  
 WEEKLY CONTRIBUTION FORM  
 AS OF 05/02/2011**

Fringe Benefit Deductions

Fringe Benefits	
Pension	\$7.95
Health	6.99
Annuity	0.46
App. Train	0.20
CLMP	0.20
<b>Sub-Total</b>	<b>\$15.80</b>
Deductions	
2.50% Dues	0.98
NERCC Dues	0.05
Vacation	0.05
<b>Sub-Total</b>	<b>1.08</b>
<b>Total Due Per Hour</b>	<b>\$16.88</b>

Date Worked From \_\_\_\_\_ To \_\_\_\_\_

No Work Performed   
 Job Completed

Social Security Number	Name of Employee	Hours	Job Site Location
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Make **CERTIFIED CHECK** payable to **CONNECTICUT CARPENTERS BENEFIT FUNDS** Total hours \_\_\_\_\_ Check # \_\_\_\_\_  
**X \$16.88** \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_

IMPORTANT

We warrant the above statement to be true and correct

The undersigned Employer hereby agrees to be bound by the Trust Agreements, as amended, establishing the Fringe Benefit Trust Funds for which contributions are reported on the form, agrees to make the required contributions to the Trust Funds as provided in the current Carpenters Collective Bargaining Agreements covering the job locations where hours are worked, and warrants the above report to be true and correct.

Please list Social Security Number on all reports at all times. This is to assure us of properly crediting hours as we have more than one employee with the same name.

\_\_\_\_\_  
 Name of Employer

Employer's Federal I.D. No. \_\_\_\_\_

\_\_\_\_\_  
 Street and Address

Send Copy with check to:

\_\_\_\_\_  
 City, State and Zip code

Carpenters Funds  
 10 Broadway  
 Hamden, CT 06518

Signed By \_\_\_\_\_