

Revised 05/10
 (Please typewrite or print)

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

**CONNECTICUT CARPENTERS
 BENEFIT FUNDS
 CARPENTERS LOCAL 43
 RESIDENTIAL
 WEEKLY CONTRIBUTION FORM
 AS OF 05/02/2010 thru 10/31/2010**

| Fringe Benefit Deductions | |
|---------------------------|----------------|
| Pension | \$7.70 |
| Health | 5.52 |
| Annuity | 0.71 |
| App. Train | 0.20 |
| CLMP | 0.20 |
| Sub-Total | \$14.33 |
| Deductions | |
| 2.50% Work Assess. | 0.94 |
| Vacation | 0.05 |
| Sub-Total | 0.99 |
| Total Due Per Hour | \$15.32 |

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 \$15.32 _____

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 _____