

**CONNECTICUT CARPENTERS
BENEFIT FUNDS
MILLWRIGHT LOCAL 1121
WEEKLY CONTRIBUTION FORM
05/02/2010 thru 10/31/2010**

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

Fringe Benefits	
Pension	\$7.70
Health	5.52
Annuity	4.84
App. Train	0.45
UBC	0.10
CIP/CLMP	0.21
AGC/CCIA*	0.10
MCAP	0.05
MW - IT	0.05
Sub-Total	\$19.02
Deductions	
3.0% Work Assess.	1.47
Vacation	0.05
Scholarship	0.05
Disability	0.05
Sub-Total	1.62
Total Due Per Hour	\$20.64

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 # _____
 \$20.64 _____

***Employers who decline to allocate the \$0.10 per hour to the Association Construction Program (AGC/CCIA) are required to pay the \$0.10 as an additional payment to the Apprentice & Training Fund (A&T)**

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 _____