

**MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
TOGETHER WITH OTHER LOCAL 351 FRINGE BENEFITS**

PLEASE TYPE OR PRINT

NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
TEL # _____ FAX # _____

LOCAL UNION NO. WHERE WORK IS PERFORMED _____ **351**

EMPLOYER'S FEDERAL REGISTRATION NO. _____

LICENSE NO. _____ STATE TAX NO. _____

TOTAL NUMBER EMPLOYED THIS PERIOD _____

Stdg. Contr. Journeyman's Wage Rate Per Hour \$ _____

This Transmittal Covers ALL Payroll Weeks Ending in Calendar MONTH of _____ Year _____

This report and payment shall be mailed to reach the office of I.E. Shaffer & Co. not later than fifteen (15) calendar days following the end of each calendar month.

CLASSIFICATIONS TO BE USED IN COLUMN 3 - MPR211A CONTINUATION SHEET

- | | | | |
|--------------------------|-----------------------|----------------------------|---------------------------------|
| 1. Building Construction | 7. Outside Constr. | 22. Residential Journeyman | 26. Other (Non-Bargaining Unit) |
| 6. Inside Apprentice | 8. Outside Apprentice | 23. Residential Apprentice | 27. Alumni |

A COMPUTER PRINT-OUT OR MPR 211A CONTINUATION SHEET MUST ACCOMPANY EACH COPY OF THIS SUMMARY SHEET

	JOURNEYMAN	APPRENTICE	RESIDENTIAL	TOTALS
TOTAL GROSS PAY	\$	\$	\$	\$
TOTAL GROSS HOURS				
TOTAL CLOCK HOURS				

CONTRIBUTIONS DUE

WELFARE	\$	\$	\$	\$
PENSION	\$	\$	\$	\$
VACATION	\$	\$	\$	\$
DATC	\$	\$	\$	\$
WORKING DUES A	\$	\$	\$	\$
ANNUITY	\$	\$	\$	\$
COPE	\$	\$	\$	\$
ADMINISTRATIVE	\$	\$	\$	\$
NECA SERVICE	\$	\$	\$	\$
NEBF	\$	\$	\$	\$
WORKING DUES B	\$	\$	\$	\$
TEMPORARY DISABILITY	\$	\$	\$	\$
NLMCC	\$	\$	\$	\$

MAKE 1 CHECK PAYABLE TO 'IBEW LOCAL 351 DISTRIBUTION FUND' FOR THE TOTAL AMOUNT DUE FORWARD CHECK AND ALL COPIES OF REPORT (EXCEPT GOLD) TO: I.E. SHAFFER & CO. P.O. BOX 1028 TRENTON, NJ 08628-0230

TOTAL AMOUNT DUE
\$ _____

Check here

First report in this Local Union area _____

Final report in this Local Union area _____

When more forms are needed _____

The undersigned hereby adopts and agrees to be bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. I hereby acknowledge having received a copy of the above Agreement. I certify that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). I further certify that if contributions are made on behalf of non-bargaining unit employees, I am making such contributions in accordance with Article 6 of the Agreement and I am either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement.

CHECK TYPE OF BUSINESS ENTITY

SINGLE PROPRIETORSHIP _____ CORPORATION _____

PARTNERSHIP _____

FIRM NAME _____

SIGNATURE & TITLE _____

DATE _____

