

PLEASE TYPE OR PRINT

NAME _____
ADDRESS _____
CITY, STATE _____
ZIP CODE _____
PHONE (____) _____
Area Code

LOCAL UNION NO. WHERE WORK IS PERFORMED **0259**
EMPLOYER'S FEDERAL REGISTRATION NO. _____
TOTAL NUMBER EMPLOYED THIS PERIOD _____
Bldg. Construction
Journeyman's
Wage Rate
Per Hour \$

This Form Must Cover ALL Payroll Weeks Ending In The Calendar MONTH
OF _____ Year _____

This report and payment shall be mailed to reach the office of IBEW Local 269 Employee Benefit Fund Office not later than fifteen (15) calendar days following the end of each calendar month.

CLASSIFICATIONS TO BE USED IN COLUMN 3 - MPR 259A CONTINUATION SHEET

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

A COMPUTER PRINT-OUT OR MPR 259A 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	\$	\$	\$	\$
JATC	\$	\$	\$	\$
WORKING DUES A	\$	\$	\$	\$
ANNUITY	\$	\$	\$	\$
COPE	\$	\$	\$	\$
ADMINISTRATIVE	\$	\$	\$	\$
NECA SERVICE	\$	\$	\$	\$
NEBF	\$	\$	\$	\$
WORKING DUES B	\$	\$	\$	\$
TEMPORARY DISABILITY	\$	\$	\$	\$
SUPPLEMENTAL FUND	\$	\$	\$	\$
NLMCC	\$	\$	\$	\$
OTHER	\$	\$	\$	\$

MAKE ONE (1) CHECK PAYABLE TO "IBEW LOCAL 269 DISTRIBUTION FUND" FOR THE TOTAL AMOUNT DUE **TOTAL AMOUNT DUE**
FORWARD CHECK AND ALL COPIES OF REPORT, EXCEPT 90, TO: **IBEW LOCAL 269 EMPLOYEE BENEFIT FUND OFFICE**
\$

880 WHITEHEAD ROAD
TRENTON, NJ 08648
PHONE: (609) 384-4741 FAX: (609) 685-3269

Check/ies

- First report in this Local Union area _____
- First report in the Local Union area _____
- When more forms are needed _____
- Check Type of Business Entity _____
- Single Proprietorship _____
- Corporation _____
- Partnership _____

The undersigned hereby accepts and agrees to be bound by the Retired 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 true and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 5 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 5 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 5.3 of the Agreement. By forwarding payment hereunder, I acknowledge and accept my obligations under the current Collective Bargaining Agreement and the Agreements and Decisions of Trust for its employee benefit Funds.

Date Received
(Office Use Only)

FIRM NAME _____
SIGNATURE & TITLE _____
DATE _____ FAX No. _____