



SHEET METAL WORKERS'

UNIFORM FRINGE BENEFIT REMITTANCE REPORT

Any Questions? please call: (703) 739-7000 or Fax: (703) 683-0932

IMPORTANT—Except for change of address or change in Contribution Rate DO NOT cross out anything that is pre-printed.

MONTH YEAR LOCAL UNION NO.

NBF EMPLOYER #

AREA INDUSTRY

NPF PLAN CLASS

CONTRACT

PAGE NO. PAYROLL DATE (LAST WEEK ENDING DATE COVERED BY REPORT)

TO

CHECK HERE IF NO HOURS TO REPORT (YOU WILL RECEIVE A REPORT FOR NEXT MONTH) CHECK HERE IF FINAL REPORT (YOU WILL NOT RECEIVE A REPORT NEXT MONTH)

Table with columns: SOCIAL SECURITY NO. (A), LAST NAME AND FIRST INIT (B), 401(K) RATE (C), TERM (D), HOME LOCAL (F), HOURS (G, H, I), CLASS (J), TAXABLE GROSS WAGES (K), H&W, PENSION, MISC. CONTRIBUTIONS (L), WAGE RATE (M). Includes a 'TOTALS' row at the bottom.

Summary section with rows: 1. TOTAL HOURS REPORTED, 2. CONTRIBUTION RATE PER HOUR, 3. AMOUNT DUE (1) x (2), 4. ADJUSTMENT PLUS OR MINUS—PLEASE ATTACH EXPLANATION, 5. NET AMOUNT DUE

Final summary table with columns: NATIONAL BENEFIT FUNDS, LOCAL FUNDS, and 5. SASMI Contribution (Line 3 x Line 4)

Prepared by Title Phone Signature (see below) Date E-Mail

By signing above, I acknowledge that this remittance is being submitted with the understanding that all pension trust requirements have been satisfied on behalf of owner members, officers, or individuals with financial interest in the company, which includes submission of proper registration forms.