

JOURNEYMAN IRONWORKER
 ATLANTA IRON WORKERS PENSION FUND LOCAL 387
 ATLANTA IRON WORKERS JOINT APPRENTICESHIP COMMITTEE
 IRON WORKERS LOCAL 387 WELFARE FUND
 JURISDICTION OF IRON WORKERS LOCAL UNION No. 387

Contractor _____
 Tax ID Number _____
 Address _____
 Telephone No. _____ Zip Code _____
 Email Address _____

FOR OFFICIAL USE ONLY

NOTE: Contributions should reach us by the 10th of the month following the month covered by this report

REPORT FOR PAYROLL MONTH OF _____
 PLEASE CHECK BOX IF THIS IS A NEW ADDRESS

EMPLOYEE NAME (Type or Print)	FIRST INITIAL	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	TOTAL CLOCK HOURS	WORK ASSESSMENTS \$1.36 PER HOUR	D. C. ASSESSMENTS .02 PER HOUR	I.P.A.L. ASSESSMENTS .03 PER HOUR	BUILDING TRADES .03 PER HOUR	INTERNATIONAL ORGANIZING \$.11 PER HOUR
TOTALS									

CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN

Remit one copy to:
CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2020
 Atlanta Iron Workers Fringe Benefit Trust Fund
 P.O. Box 1449
 Goodlettsville, TN 37070-1449

- Pension \$ 6.44/HR
 - Apprentice \$ 0.75/HR
 - Impact Fund \$ 0.17/HR
 - 387 Welfare \$ 0.14/HR
 - Atlanta IW Supp RT Plan \$ 0.30/HR
 - TOTAL (1)** \$
 - WORK ASSESSMENT TOTAL (2)** \$ 1.36/HR
 - Total D.C. Assessments \$ 0.02/HR
 - Total I.P.A.L. Assessments \$ 0.03/HR
 - Total Building Trades \$ 0.03/HR
 - Total Int. Organizing \$ 0.11/HR
 - TOTAL (3)** \$
- Check Box to be sent more Benefit Forms
 Please check here if you employed no men during this payroll period and submit this form.
 Final Report

CAUTION, READ BEFORE SIGNING:

This undersigned employer, by signing this form, acknowledges, the above is true and correct and that he or it is bound to all terms and provisions of the current Collective Bargaining Agreement in existence as negotiated by Association of Steel Erectors and Heavy Equipment Operators, Inc., and International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local Union No. 387 and further acknowledges that at all times and on all jobs, the same Union is the sole, exclusive bargaining agent for all employees working in the craft jurisdiction of the Union as specified in the current Collective Bargaining Agreement.

TOTAL FUNDS REMITTED (1+2+3) \$

Authorized Signature _____

Contractor _____
 Tax ID Number _____
 Address _____
 Telephone No. _____ Zip Code _____
 Email Address _____

PROBATIONARY IRONWORKER

ATLANTA IRON WORKERS PENSION FUND LOCAL 387
 ATLANTA IRON WORKERS JOINT APPRENTICESHIP COMMITTEE
 IRON WORKERS LOCAL 387 WELFARE FUND
 JURISDICTION OF IRON WORKERS LOCAL UNION No. 387

FOR OFFICIAL USE ONLY

REPORT FOR PAYROLL MONTH OF
 PLEASE CHECK BOX IF THIS IS A NEW ADDRESS

NOTE: Contributions should reach us by the 10th of the month following the month covered by this report

EMPLOYEE NAME (Type or Print)		FIRST INITIAL	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	TOTAL CLOCK HOURS	WORK ASSESSMENTS \$1.36 PER HOUR	D. C. ASSESSMENTS .02 PER HOUR	I. P. A. L. ASSESSMENTS .03 PER HOUR	BUILDING TRADES .03 PER HOUR	INTERNATIONAL ORGANIZING \$.11 PER HOUR
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN										
					TOTALS					

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2020

Remit one copy to: **Atlanta Iron Workers Fringe Benefit Trust Fund**
 P.O. Box 1449
 Goodlettsville, TN 37070-1449

Pension	0.00/HR	\$ _____	<input type="checkbox"/> Check Box to be sent more Benefit Forms
Apprentice	0.00/HR	\$ _____	<input type="checkbox"/> Please check here if you employed no men during this payroll period and submit this form.
Impact Fund	0.17/HR	\$ _____	<input type="checkbox"/> Final Report
387 Welfare	0.14/HR	\$ _____	
TOTAL (1)		\$ _____	
WORK ASSESSMENT TOTAL (2)		\$ _____	
Total D.C. Assessments	0.02/HR	\$ _____	
Total I.P.A.L. Assessments	0.03/HR	\$ _____	
Total Building Trades	0.03/HR	\$ _____	
Total Int. Organizing	0.11/HR	\$ _____	
TOTAL (3)		\$ _____	

CAUTION, READ BEFORE SIGNING:
 This undersigned employer, by signing this form, acknowledges, the above is true and correct and that he or it is bound to all terms and provisions of the current Collective Bargaining Agreement in existence as negotiated by Association of Steel Erectors and Heavy Equipment Operators, Inc., and International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local Union No. 387 and further acknowledges that at all times and on all jobs, the same Union is the sole, exclusive bargaining agent for all employees working in the craft jurisdiction of the Union as specified in the current Collective Bargaining Agreement.

TOTAL FUNDS REMITTED (1+2+3) \$ _____

 Authorized Signature



Contractor _____
 Tax ID Number _____
 Address _____
 Telephone No. _____ Zip Code _____
 Email Address _____

1ST AND 6TH PERIOD APPRENTICE IRONWORKER

ATLANTA IRON WORKERS PENSION FUND LOCAL 387
 ATLANTA IRON WORKERS JOINT APPRENTICESHIP COMMITTEE
 IRON WORKERS LOCAL 387 WELFARE FUND
 JURISDICTION OF IRON WORKERS LOCAL UNION No. 387

FOR OFFICIAL USE ONLY

NOTE: Contributions should reach us by the 10th of the month following the month covered by this report

REPORT FOR PAYROLL MONTH OF
 PLEASE CHECK BOX IF THIS IS A NEW ADDRESS

EMPLOYEE NAME (Type or Print) LAST NAME	FIRST INITIAL	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	TOTAL CLOCK HOURS	WORK ASSESSMENTS PER CBA	D. C. ASSESSMENTS .02 PER HOUR	I.P.A.L. ASSESSMENTS .03 PER HOUR	BUILDING TRADES .03 PER HOUR	INTERNATIONAL ORGANIZING \$.11 PER HOUR
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN									
				TOTALS					

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2020

Remit one copy to:
 Atlanta Iron Workers Fringe Benefit Trust Fund
 P.O. Box 1449
 Goodlettsville, TN 37070-1449

- Check Box to be sent more Benefit Forms
- Please check here if you employed no men during this payroll period and submit this form.
- Final Report

Pension	0.00/HR	\$ _____
Apprentice	0.75/HR	\$ _____
Impact Fund	0.17/HR	\$ _____
Welfare	0.14/HR	\$ _____
TOTAL (1)		\$ _____
1ST PERIOD ASSESSMENT	0.75/HR	\$ _____
2ND PERIOD ASSESSMENT	0.82/HR	\$ _____
3RD PERIOD ASSESSMENT	0.86/HR	\$ _____
4TH PERIOD ASSESSMENT	0.88/HR	\$ _____
5TH PERIOD ASSESSMENT	0.95/HR	\$ _____
6TH PERIOD ASSESSMENT	0.99/HR	\$ _____
WORK ASSESSMENT TOTAL (2)		\$ _____
Total D.C. Assessments	0.02/HR	\$ _____
Total I.P.A.L. Assessments	0.03/HR	\$ _____
Total Building Trades	0.03/HR	\$ _____
Total Int. Organizing	0.11/HR	\$ _____
TOTAL (3)		\$ _____

CAUTION, READ BEFORE SIGNING:

This undersigned employer, by signing this form, acknowledges, the above is true and correct and that he or it is bound to all terms and provisions of the current Collective Bargaining Agreement in existence as negotiated by Association of Steel Erectors and Heavy Equipment Operators, Inc., and International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local Union No. 387 and further acknowledges that at all times and on all jobs, the same Union is the sole, exclusive bargaining agent for all employees working in the craft jurisdiction of the Union as specified in the current Collective Bargaining Agreement.

TOTAL FUNDS REMITTED (1+2+3)

\$ _____

Authorized Signature



FOR OFFICIAL USE ONLY

Contractor _____
 Tax ID Number _____
 Address _____
 Telephone No. _____ Zip Code _____
 Email Address _____

7TH AND 8TH PERIOD APPRENTICE IRONWORKER

ATLANTA IRON WORKERS PENSION FUND LOCAL 387
 ATLANTA IRON WORKERS JOINT APPRENTICESHIP COMMITTEE
 IRON WORKERS LOCAL 387 WELFARE FUND
 JURISDICTION OF IRON WORKERS LOCAL UNION No. 387

NOTE: Contributions should reach us by the 10th of the month following the month covered by this report

REPORT FOR PAYROLL MONTH OF _____
 PLEASE CHECK BOX IF THIS IS A NEW ADDRESS

EMPLOYEE NAME (Type or Print)		MIDDLE INITIAL	SOCIAL SECURITY NUMBER	TOTAL CLOCK HOURS	WORK ASSESSMENTS PER CBA	D. C. ASSESSMENTS .02 PER HOUR	I.P.A.L. ASSESSMENTS .03 PER HOUR	BUILDING TRADES .03 PER HOUR	INTERNATIONAL ORGANIZING \$.11 PER HOUR
LAST NAME	FIRST INITIAL								
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN									
TOTALS									

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2020

Remit one copy to:
 Atlanta Iron Workers Fringe Benefit Trust Fund
 P.O. Box 1449
 Goodlettsville, TN 37070-1449

Pension	6.44/HR	\$
Apprentice	0.75/HR	\$
Impact Fund	0.17/HR	\$
Welfare	0.14/HR	\$
TOTAL (1)		\$
7TH PERIOD ASSESSMENT	1.02/HR	\$
8TH PERIOD ASSESSMENT	1.09/HR	\$
WORK ASSESSMENT TOTAL (2)		\$
Total D.C. Assessments	0.02/HR	\$
Total I.P.A.L. Assessments	0.03/HR	\$
Total Building Trades	0.03/HR	\$
Total Int. Organizing	0.11/HR	\$
TOTAL (3)		\$
TOTAL FUNDS REMITTED (1+2+3)		\$

- Check Box to be sent more Benefit Forms
- Please check here if you employed no men during this payroll period and submit this form.
- Final Report

CAUTION, READ BEFORE SIGNING:
 This undersigned employer, by signing this form, acknowledges, the above is true and correct and that he or it is bound to all terms and provisions of the current Collective Bargaining Agreement in existence as negotiated by Association of Steel Erectors and Heavy Equipment Operators, Inc., and International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local Union No. 387 and further acknowledges that at all times and on all jobs, the same Union is the sole, exclusive bargaining agent for all employees working in the craft jurisdiction of the Union as specified in the current Collective Bargaining Agreement.

 Authorized Signature

