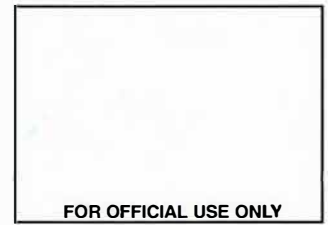


Contractor _____
Tax ID Number _____
Address _____
Telephone No. _____ Zip Code _____
Email Address _____

PROBATIONARY IRONWORKER

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



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) | | | SOCIAL SECURITY NUMBER | | | TOTAL CLOCK HOURS | WORK ASSESSMENTS \$1.45 PER HOUR | D. C. ASSESSMENTS .02 PER HOUR | I.P.A.L. ASSESSMENTS .03 PER HOUR | BUILDING TRADES .03 PER HOUR | INTERNATIONAL ORGANIZING \$1.12 PER HOUR |
|---|---------------|----------------|------------------------|--|--|-------------------|----------------------------------|--------------------------------|-----------------------------------|------------------------------|--|
| LAST NAME | FIRST INITIAL | MIDDLE INITIAL | | | | | | | | | |
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| CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN | | | | | | TOTALS | | | | | |

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2022

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

| | | |
|----------------------------------|----------------|-----------------|
| Pension | 0.00/HR | \$ _____ |
| Apprentice | 0.00/HR | \$ _____ |
| Impact Fund | 0.19/HR | \$ _____ |
| 387 Welfare | 0.43/HR | \$ _____ |
| TOTAL (1) | | \$ _____ |
| WORK ASSESSMENT TOTAL (2) | 1.45/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 | 0.12/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**