Contractor _____

Tax ID Number _____

Address _____

Telephone No. _____ Zip Code _____

Email Address _____

REPORT FOR PAYROLL MONTH OF _____

☐ PLEASE CHECK BOX IF THIS IS A NEW ADDRESS

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

FOR OFFICIAL USE ONLY

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

EMPLOYEE NAME (Type or Print) LAST NAME	FIRST INITIAL	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	TOTAL CLOCK HOURS	WORK ASSESSMENTS $1.55 PER HOUR	D. C. ASSESSMENTS .02 PER HOUR	I.P.A.L. ASSESSMENTS .03 PER HOUR	BUILDING TRADES .03 PER HOUR	INTERNATIONAL ORGANIZING $.13 PER HOUR
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN			TOTALS						

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2024

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

Pension	6.50/HR	$_____
Apprentice	0.78/HR	$_____
Impact Fund	0.19/HR	$_____
387 Welfare	0.43/HR	$_____
Atlanta IW Supp RT Plan	1.10/HR	$_____
TOTAL (1)		$_____
WORK ASSESSMENT TOTAL (2)	1.55/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	0.13/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

Contractor _____

Tax ID Number _____

Address _____

Telephone No. _____ Zip Code _____

Email Address _____

REPORT FOR PAYROLL MONTH OF _____

☐ PLEASE CHECK BOX IF THIS IS A NEW ADDRESS

1ST – 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

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 $.13 PER HOUR
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN			TOTALS						

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2024

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

Pension	0.00/HR	$_____
Apprentice	0.78/HR	$_____
Impact Fund	0.19/HR	$_____
Welfare	0.43/HR	$_____
TOTAL (1)		$_____
1ST-2ND PERIOD ASSESSMENT	0.93/HR	$_____
3RD-4TH PERIOD ASSESSMENT	1.04/HR	$_____
5TH-6TH PERIOD ASSESSMENT	1.15/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	0.13/HR	$_____
TOTAL (3)		$_____
TOTAL FUNDS REMITTED (1+2+3)		$_____

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UNION LABEL 8

_____
Authorized Signature

Contractor _____

Tax ID Number _____

Address _____

Telephone No. _____ Zip Code _____

Email Address _____

REPORT FOR PAYROLL MONTH OF _____

☐ PLEASE CHECK BOX IF THIS IS A NEW 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

FOR OFFICIAL USE ONLY

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

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 $.13 PER HOUR
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN			TOTALS						

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2024

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P.O. Box 1449
Goodlettsville, TN 37070-1449

Pension	6.50/HR	$_____
Apprentice	0.78/HR	$_____
Impact Fund	0.19/HR	$_____
Welfare	0.43/HR	$_____
Atlanta IW Supp RT Plan	1.10/HR	$_____
TOTAL (1)		$_____
7TH-8TH PERIOD ASSESSMENT	1.26/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	0.13/HR	$_____
TOTAL (3)		$_____
TOTAL FUNDS REMITTED (1+2+3)		$_____

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UNION LABEL 8

_____
Authorized Signature

Contractor _____

Tax ID Number _____

Address _____

Telephone No. _____ Zip Code _____

Email Address _____

REPORT FOR PAYROLL MONTH OF _____

☐ PLEASE CHECK BOX IF THIS IS A NEW 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

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EMPLOYEE NAME (Type or Print) LAST NAME	FIRST INITIAL	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	TOTAL CLOCK HOURS	WORK ASSESSMENTS $1.55 PER HOUR	D. C. ASSESSMENTS .02 PER HOUR	I.P.A.L. ASSESSMENTS .03 PER HOUR	BUILDING TRADES .03 PER HOUR	INTERNATIONAL ORGANIZING $.13 PER HOUR
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN			TOTALS						

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2024

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P.O. Box 1449
Goodlettsville, TN 37070-1449

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Apprentice	0.00/HR	$_____
Impact Fund	0.19/HR	$_____
387 Welfare	043/HR	$_____
TOTAL (1)		$_____
WORK ASSESSMENT TOTAL (2)	1.55/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	0.13/HR	$_____
TOTAL (3)		$_____

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

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_____
Authorized Signature