Contractor						JOURNEY	MAN IRON	WORKFI	2					
Tax ID Number						JOURNEYMAN IRONWORKER  ATLANTA IRON WORKERS PENSION FUND LOCAL 387  ATLANTA IRON WORKERS JOINT APPRENTICESHIP COMMITTEE  IRON WORKERS LOCAL 387 WELFARE FUND								
Address														
Telephone No	Zij	p Code				JURISDICTION OF	FIRON WORKERS LOCA	L UNION No. 387						
Email Address														
REPORT FOR PAYROLL MOI						NOTE: Contribut	ione should read	h ue by the 10t	th of the	FOR OFF	ICIAL USE ONLY			
□ PLEASE CHECK				PRESS		month following								
EMPLOYEE NAME (		UTBURNIEN DU		SOCIAL		DEMANDENTAS	WORK	D. C.	I.P.A.L.	BUILDING	INTERNATIONAL			
LAST NAME	FIRST INITIAL	MIDDLE	20	SECURIT NUMBE	9	TOTAL CLOCK HOURS	ASSESSMENTS \$1.59 PER HOUR	.02 PER HOUR	.03 PER HOUR	TRADES .03 PER HOUR	ORGANIZING \$.14 PER HOUR			
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CORRECT SOCIAL SECURI	ITY NUMBER	MUST BE	SHOWN		TOTALS									
							D		0005	1	L			
Pomit one se						Effective the first full	Payroli Period Ai	ter January 1,	2025					
Remit one co	py to:	P.O. Box		orkers	Fringe	Benefit Trust Fund								
		Goodlet		TN 37	070-14	49								
			,				ck Box to be sent i	more Benefit Fo	rms					
Pension	6.50/HR					□ Plea	ase check here if yo	ou emploved no	men during thi	s payroll perio	od			
Apprentice	0.78/HR						submit this form.		-					
Impact Fund	0.19/HR					□ Fin	al Report							
387 Welfare	0.42/HR	\$												
Atlanta IW Supp RT Plan	1.10/HR	\$			******	CAUTION, REA	D BEFORE SIGNI	NG:						
TOTAL (1)		\$					er, by signing this form, acknow				ms			
WORK ASSESSMENT TOTAL (2)	1.59/HR	\$				8 mg 100 mg ca	rent Collective Bargaining Agre tors, Inc., and International As		File and the same of the same					
Total D.C. Assessments	0.02/HR	\$				112-122-2018   1-1-2-14-1-18-2-14-2-14-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1	further acknowledges that at a				•			
Total I.P.A.L. Assessments	0.03/HR	\$			<del></del>	agent for all employees w	orking in the craft jurisdiction of	of the Union as specified in	n the current Collective E	Bargaining Agreement.				
Total Building Trades	0.03/HR	\$												
Total Int. Organizing	0.14/HR	\$												
TOTAL (3)		\$_												
TOTAL FUNDS REMITTED (1+	+2+3)	\$					**	Author	zed Signature					

Contractor						DDODATIO	NA DV IDOI	MADRE	D				
						PROBATIONARY IRONWORKER							
Tax ID Number						ATLANTA IRON WORKERS PENSION FUND LOCAL 387 ATLANTA IRON WORKERS JOINT APPRENTICESHIP COMMITTEE IRON WORKERS LOCAL 387 WELFARE FUND							
Address													
Telephone No	Zi	p Code				JURISDICTION OF	IRON WORKERS LOCA	L UNION No. 387					
Email Address											IOLAL LIGE ONLY		
REPORT FOR PAYROLL MON	ITH OF					NOTE: Contributi	ons should read	h us by the 10	h of the	FOR OFF	ICIAL USE ONLY		
☐ PLEASE CHECK						month following							
EMPLOYEE NAME (Type or Print) SOCIAL							II WORK	D.C.	I.P.A.L.	BUILDING	INTERNATIONAL		
	FIRST	MIDDLE SECURITY		Υ	TOTAL	ASSESSMENTS \$1.59 PER HOUR	ASSESSMENTS	ASSESSMENTS	TRADES	ORGANIZING			
LAST NAME	INITIAL	INITIAL		NUMBE	R 	CLOCK HOURS	\$1.59 PER HOUR	.02 PER HOUR	.03 PER HOUR	.03 PER HOUR	\$.14 PER HOUR		
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CORRECT SOCIAL SECURI	TY NUMBER	MUST BE	SHOWN		TOTALS								
	CONT	RIBUTIO	ON SC	HED	JLE - E	ffective the first full	<b>Payroll Period Af</b>	ter January 1,	2025				
Remit one co	py to:			rkers	Fringe	Benefit Trust Fund							
		P.O. Box	St. Th. HUSTOFFOO	TN 97	070 14	10							
		Goodlet	tsville,	114 37	070-144		ck Box to be sent	more Benefit Fo	rms				
Pension	0.00/HR	\$					se check here if yo			s payroll perio	nd		
Apprentice	0.00/HR	\$					submit this form.	ou omproyou no	mon during in	o payron porre			
Impact Fund	0.19/HR	\$				□ Fin	al Report						
387 Welfare	042/HR	\$					и порот						
TOTAL (1)		\$				CAUTION, REA	D BEFORE SIGNI	NG:					
WORK ASSESSMENT TOTAL (2)	1.59/HR	\$					er, by signing this form, acknown				ns		
Total D.C. Assessments	0.02/HR	\$				◆★ CHESTON TO ★ CHI DESCRIPTION OF THE TO A PRESIDENT OF THE TOTAL PROPERTY OF THE PROPERT	ent Collective Bargaining Agre tors, Inc., and International As				,		
Total I.P.A.L. Assessments	0.03/HR	\$					further acknowledges that at a	~ 1997 TO 1998 BURNEY DELLE STEEL WALL					
Total Building Trades	0.03/HR	\$				agent for all employees w	orking in the craft jurisdiction of	of the Union as specified i	n the current Collective E	argaining Agreement.			
Total Int. Organizing	0.14/HR	\$			-								
TOTAL (3)		\$			_								
TOTAL FUNDS REMITTED (1+)	2+3)	¢						A . 11	inad Clay - tour				
TO THE TORIDO REMITTED (14	210)	Ψ						Autnor	ized Signature				

Contractor						771		ID OTH DE	DIOD						
								ND 8TH PE							
Tax ID Number						APPRENTICE IRONWORKER									
Address						ATLANTA	IRON W	ORKERS PENSION FU	ND LOCAL 387						
Telephone No	Zi	p Code						ERS JOINT APPRENTIC		i i					
								ERS LOCAL 387 WELF							
Email Address						JURISDICI	ION OF I	RON WORKERS LOCA	L UNION No. 387		FOR OFF	ICIAL USE ONLY			
REPORT FOR PAYROLL MON	S			RESS		NOTE: Cont month follow	ributio wing th	ns should reacl ne month cover	h us by the 10t ed by this repo	th of the ort	N-11				
EMPLOYEE NAME (Type or Print) SOCIAL						T		WORK	D, C.	I.P.A.L.	BUILDING	INTERNATIONAL			
ELD W. E. J. E. C.	FIRST	MIDDLE		SECURI	ΓY	TOTAL		ASSESSMENTS	ASSESSMENTS	ASSESSMENTS	TRADES	ORGANIZING			
LAST NAME	INITIAL	INITIAL	-	NUMBE T	R T	CLOCK HOUR	RS	PER CBA	.02 PER HOUR	.03 PER HOUR	.03 PER HOUR	\$.14 PER HOUR			
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CORRECT SOCIAL SECURI					TOTALS	<u></u>						L			
	CONT	RIBUTIO	ON SC	HED	JLE - E	Effective the firs	st full F	Payroll Period Af	ter January 1,	2025					
Remit one cop	py to:	Atlanta I	ron Wo	rkers	Fringe	Benefit Trust Fu	ınd								
		P.O. Box													
		Goodlet	tsville,	TN 37	070-14										
Downstone	0.50//10						Chec	k Box to be sent i	nore Benefit Fo	rms					
Pension	6.50/HR 0.78/HR							e check here if yo	ou employed no	men during thi	s payroll perio	od			
Apprentice Impact Fund	0.76/HR 0.19/HR						and s	submit this form.							
Welfare	0.42/HR						Fina	l Report							
Atlanta IW Supp RT Plan	1.10/HR	\$						S CONTROL PROGRAMMEN							
TOTAL (1)		\$				CAUTION	, READ	BEFORE SIGNI	NG:						
7TH-8TH PERIOD ASSESSMENT	1.29/HR	\$						, by signing this form, acknow				ns			
WORK ASSESSMENT TOTAL (2)		\$				24 mars 124 mars 1989		nt Collective Bargaining Agre							
Total D.C. Assessments	0.02/HR	\$						s, Inc., and International As rther acknowledges that at a			The second secon				
Total I.P.A.L. Assessments	0.03/HR	\$						king in the craft jurisdiction of							
Total Building Trades	0.03/HR	\$													
Total Int. Organizing	0.14/HR	\$													
TOTAL (3)		\$													
TOTAL FUNDS REMITTED (1+	2+3)	\$_					_		Authori	zed Signature					

C						101								
Contractor						15	T – 6TH PEF	RIOD						
Tax ID Number					APPRENTICE IRONWORKER									
Address		******				ATLANTA IR	ON WORKERS PENSION F	JND LOCAL 387						
Telephone No	7:	n Codo				ATLANTA IRON W	ORKERS JOINT APPRENT	CESHIP COMMITTEE	<b>3</b>	1				
relephone No	ZI	p code		-			ORKERS LOCAL 387 WELF							
Email Address						JURISDICTION	OF IRON WORKERS LOCA	AL UNION No. 387		FOR OFF	ICIAL USE ONLY			
REPORT FOR PAYROLL MON	TH OF				NOTE: Contributions should reach us by the 10th of the									
☐ PLEASE CHECK		AND RESIDENCE OF THE RESIDENCE		RESS			g the month cover							
EMPLOYEE NAME (Type or Print) SOCIAL					. 1	WORK D.C. I I.P.A.L.   BUILDING   INTERN								
	FIRST	MIDDLE		ECURIT	U.C.	TOTAL	ASSESSMENTS	ASSESSMENTS	ASSESSMENTS	TRADES	ORGANIZING			
LAST NAME	INITIAL	INITIAL	-	NUMBE	R	CLOCK HOURS	PER CBA	.02 PER HOUR	.03 PER HOUR	.03 PER HOUR	\$.14 PER HOUR			
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CORRECT SOCIAL SECURIT	TV NUMBER	MUST BE	SHOWN		-0÷0		-							
COMMENT SOCIAL SECONI				a de la companya de	TOTALS		I	Han lannam d	0005		I			
							ull Payroll Period A	nter January 1,	2025					
Remit one cop	by to:			orkers	Fringe	Benefit Trust Fund	1							
		P.O. Box												
		Goodlet	tsville,	IN 37	070-144									
Descion	0.00/115	¢					theck Box to be sent							
Pension Apprentice	0.00/HR 0.78/HR	Φ					lease check here if y	ou employed no	men during thi	s payroll perio	bc			
Impact Fund	0.19/HR					а	nd submit this form.							
Welfare	0.42/HR						inal Report							
TOTAL (1)	0.127111	\$												
1ST-2ND PERIOD ASSESSMENT	0.95/HR	\$_				CAUTION, R	EAD BEFORE SIGN	ING:						
3RD-4TH PERIOD ASSESSMENT	1.07/HR	\$_					ployer, by signing this form, acknowledge		e and correct and that he	or it is bound to all ter	ms			
5TH-6TH PERIOD ASSESSMENT	1.18/HR	\$ and provisions of the current Collective Bargaining Agreement in existence as negotiated by Association of Steel Erectors and												
WORK ASSESSMENT TOTAL (2)		\$_				Heavy Equipment O	perators, Inc., and International A	ssociation of Bridge, Struc	ctural, Ornamental and R	einforcing Iron Worker	S			
Total D.C. Assessments	0.02/HR	\$_					and further acknowledges that at							
Total I.P.A.L. Assessments	0.03/HR	\$				agent for all employe	es working in the craft jurisdiction	of the Union as specified	in the current Collective E	sargaining Agreement.				
Total Building Trades	0.03/HR	\$												
Total Int. Organizing	0.14/HR	\$_												
TOTAL (3)		<u>\$_</u>												
TOTAL FUNDS REMITTED (1+2	2+3)	\$_					***************************************	Author	ized Signature					

## SOUTHEASTERN IRON WORKERS HEALTH CARE PLAN LOCAL 387

Contractor							TC	1 0 1			
Address			ou need more forms, please ck here.								
		<b></b>	e			Please check here if you employed no men during this					
Job and Location	ob and Location										
Report for Month Ending			ck here if Final Report. ck here if new address								
Participant Na	ame	Social Security N	Number		Hours V	Vork	ed	Job Classification			
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SEIW Health Care Plan	Total Hours Works	ed:		X	\$6.25	=	\$				
		т	otal Han	1+h *	Fund Amo		· ·				
		r 2			Fund Amo						
<ul> <li>Report and contribution</li> <li>Interest will be asset</li> </ul>	tions are due in the ssed in accordance v	Fund Administrator's vith the procedure out	Office by	the e Co	t 10 <sup>th</sup> day of to ollective Barg	he m gainii	onth f	following the work month.			
<ul> <li>Make check payable Benefit Administrate</li> </ul>	e to: <b>Southeastern I</b> ors Inc., P.O. Box 14	f <b>ron Workers Healtl</b> 49, Goodlettsville, T	n Care Pla N 37070-1	an a 449	nd mail repo . Please retai	rt alc	ong wi	th your check to Southern r your records.			
<ul> <li>The undersigned en items and provisions</li> </ul>	aployer, by signing the softhe current colle	his form, acknowledgetive bargaining agree	ges the abo	ove : Loc	is true and co	orrec	and t	hat he or it is bound to all			
Authoriz	zed Signature			_	D	ate					

Yellow-Union Copy

Pink-Employer Copy

White-Administration Copy