

**EMPLOYER'S REPORT OF CONTRIBUTION
 PLUMBERS & STEAMFITTERS LOCAL 21 FRINGE BENEFIT FUNDS
 1024 McKinley Street, Peekskill, NY 10566 (914)737-7220 Fax(914)737-7299**

Employer's Firm Name: _____ Phone: _____

Business Address: _____

Prepared By: _____ Title: _____ Date: _____

Employee's Social Security Number	Employee's Name	Regular Hours	Time & Half Hours	Double Time Hours	Total Hours WORKED	No. of Days	Total Wages	Classification GF,F, J API 2,3,4,5

**SERVICE RATES.. WESTCHESTER, PUTNAM, DUTCHESS & ULSTER COUNTIES...
 EFFECTIVE 01/01/12 THROUGH 12/31/12**

Classification	Rate	H & W	H.R.A.	Local Pension	Vacation	Annuity	Ed	Admin	IND	LMCC	Nat'l Pension	Int'l Training Fund	TOTAL PACKAGE
Journeyman	\$33.73	7.10	1.55	4.85	2.70	2.75	.70	1.11	.05	.05	1.00	.10	\$55.69
5th Year Apprentice	\$30.13	6.99	1.55	4.68	2.56	2.65	.68	1.04	.05	.05	1.00	.10	\$51.48
4th Year Apprentice	\$28.03	6.87	1.55	4.50	2.48	2.56	.65	.92	.05	.05	1.00	.10	\$48.76
3rd Year Apprentice	\$22.83	6.72	1.55	4.28	2.04	2.41	.63	.80	.05	.05	1.00	.10	\$42.46
2nd Year Apprentice	\$18.13	6.60	1.55	4.00	1.60	2.32	.60	.73	.05	.05	1.00	.10	\$36.73
1st Year Apprentice	\$15.47	6.51	1.55	3.83	1.42	2.22	.59	.65	.05	.05	1.00	.10	\$33.44
Toolperson	\$15.52	7.10	--	--	1.65	2.18	--	.54	--	--	2.46	--	\$29.45

****H.R.A. (Health Reimbursement Assistance) is part of the Welfare Fund. It is being segregated for accounting purposes only.****

*****FRINGE BENEFITS SHALL BE PAID ON HOURS WORKED*****

******REMINDER: National Pension/International Training Fund Contributions go directly to the National Pension Fund on HOURS WORKED.**

BENEFITS ARE DUE THE 10TH OF EACH MONTH**

Report Month: _____

Week Ending: _____

**Please make 1 (one) check payable to:
 Local 21 Administration Fund**

Health & Welfare: _____

H.R.A.: _____

Pension: _____

Vacation: _____

Annuity: _____

Education: _____

Administrative Fund: _____

Industry: _____

Total Amount Enclosed: \$ _____