

**EMPLOYER'S CONTRIBUTION REPORT (ECR)**

ABC COMPANY

Association: NCMCA (N CA MECHANICAL CONTRACTORS ASSOCIATION)

(1) Job Class: **MLA - JOURNEYMAN**

**NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS (NCPTTF) FOR UA LOCAL 342**

Phone 925/356-8921 • Fax 925/356-8938

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RT: 01040

REPT#: ADDTL

ER: 12345

EMPLOYER CONTRIBUTIONS ARE DUE AND PAYABLE BY: <b>05/15/2019</b>	AND ARE DELINQUENT IF RECEIVED AFTER THE 22 <sup>ND</sup> : <b>05/22/2019</b>	WORK MONTH: <b>APRIL 2019</b>
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(2)											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

← **REPORTS HAVE NOT BEEN RECEIVED FOR THE WORK MONTHS INDICATED**

Social Security Number (3)	Employee Last Name (4)	Employee First Name	Flat Rate Amount (5)	Straight Time Hours (6)	Time & 1/2 Hours (7)	Double Time Hours (8)	Full Fringe Hours (6)+(7)+(8) (9)	OT/DT Hours [0.5 x (7)] + (8) (10)	Full Fringe & OT/DT Hours (9) + (10) (11)	Fringe Rates	
										Full Fringes	Hourly Rate
<b>SAMPLE</b>										PENSION	12.89
										H/W	19.66
										TRAINING	3.65
										RET FUND	0.70
										CNTC ADMN	0.30
										LM	0.05
										401(a)	5.00
										HRA	0.50
<b>Total Hourly Rate (19)</b>										42.75	
<b>Total Full Fringe (20) (16x19)</b>											
										Hourly Rate	
										401(a)	5.00
										HRA	0.50
										Complete (21) and (22) only when reporting OT/DT	
<b>Total Hourly Rate (21)</b>										5.50	
<b>Total (22) (17x21)</b>											
										Hourly Rate	
<b>Total Hours Per Column</b>											
										DUES CKOFF	2.67
<b>Total Hourly Rate (23)</b>										2.67	
<b>Total (24) (18x23)</b>											

SEE BACK OF ECR FOR INSTRUCTIONS ON COMPLETING THIS FORM

**NOTICE: THIS REPORT MUST BE RETURNED IF YOU HAVE NO EMPLOYEES - WRITE "NONE", SIGN AND RETURN IN THE ENCLOSED ENVELOPE.**

The employer certifies under the penalty of perjury that the information contained herein is correct, that all hours worked or paid during the period covered are reported herein, and that if it has not already done so, agrees to be bound by all of the terms of UA Local 342's collective bargaining agreement(s) covering the type and kind of work the employer performs and which establishes the fringe benefit contribution rates set forth herein, and agrees to be bound by all of the terms of the trust agreements including the provisions therein for liquidated damages, attorneys fees and interest as required by section 302(C)(5)(B) of the National Labor Relations Act and ERISA and states that all payments reported herein are made in accordance with the collective bargaining agreement(s) and applicable trust agreements and that it authorizes the depository bank to transfer the monies remitted herewith to the appropriate funds in accordance with the instructions issued by the trustees thereof. The undersigned certifies under the penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such employer. (26)

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

(27) **See reverse for REPORT & PAYMENT SUBMISSION**

Use Area Below to Compute Total Payments on this Page.	
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