# Employer's Contribution Report (ECR)

## ABC Company

**Association:** NCMCA (NC Mechanical Contractors Association)

**Job Class:** MLA - Journeyman

**Phone:** 925/356-8921 • **Fax:** 925/356-8938

tfo@ncpttf.com • www.ncpttf.com

---

**Social Security Number:**

<table>
<thead>
<tr>
<th>Employee</th>
<th>First Name</th>
<th>Last Name</th>
<th>Flat Rate Amount</th>
<th>Straight Time Hours</th>
<th>Time &amp; 1/2 Hours</th>
<th>Double Time Hours</th>
<th>Full Fringe (9)+(10)+(11)</th>
<th>OT/OT Hours (0.5 x (7))</th>
<th>Full Fringe &amp; OT/OT Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Total Hours Per Column**

<table>
<thead>
<tr>
<th>(12)</th>
<th>(13)</th>
<th>(14)</th>
<th>(15)</th>
<th>(16)</th>
<th>(17)</th>
</tr>
</thead>
</table>

---

**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 regular hours, and that, if it has not already been done, the employer agrees to be bound by and agrees to report all of the terms of the collective bargaining agreement(s) covering the type and kind of work performed, and which establishes the fringe benefit continuation rates set forth herein, and agrees to be bound by all of the terms of the trust agreements including the provisions thereof for liquidated damages, attorney's 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 depositary bank to transfer the amounts reported herein to the appropriate funds in accordance with the restrictions issued by the trustees thereof. The unearned contributions 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.

---

**Signature:**

**Print Name:**

**Title:**

**Date:**

**Phone:**

**Email:**

---

**See reverse for Report & Payment Submission**

---

**Page Total:**

(12+20+22+24)