

PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
ORANGE COUNTY ELECTRICAL INDUSTRY
 TOGETHER WITH NATIONAL ELECTRICAL BENEFIT FUND

Local Union # 441- INSIDE AGREEMENT

FIRST Report **LAST Report**

Employer Name: _____
Street Address: _____
City, State, Zip: _____
Reporting Month: _____

Employer EIA# : _____
Employer Federal ID# : _____
Journeyman Wage Rate : _____
Total # Employed This Period : _____

This Report covers payroll weeks ending the last Sunday of the month.

Grand Totals From All Pages			Total Clock Hours:				Total Gross Earnings:				
1. Total Health & Welfare	2. Total D.B. Pension "A"	3. Total D.C. Pension "C"	4. Total Vacation	5. Total Union Dues	6. Total IBEW EDU	7. Total Training	8. Total LMCC	9. Total EIAMF	10. Total NECA S/C	11. Total NEBF	
Total All Funds Due for this Report :											
(Add Boxes 1 through 11)											

REPORT DUE ON THE 10TH OF THE MONTH

Mail Remittance With 1 Copy of the Entire Report To:

Orange County Employees Benefit Board #119
 P.O. Box 5210
 Orange, CA 92863-5210

Total Due From Above	(+/-) Previous Balance	Grand Total Due

The employer reporting herein recognizes that it is bound by the Restated Employee Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 8 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contribution in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining employees or alumni employees only, except those who may be excluded pursuant to Section 6. of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

SIGNATURE _____

DATE _____

Report Cover Page Instructions

REPORT COVER PAGE - The Report Cover Page summarizes the entire report. This Page must be filled out after all Employee Transmittal Pages have been completed. Benefit values from all subsequent sections, for all classifications, shall be included in the Grand Totals on this page.

EMPLOYER NAME AND ADDRESS, Clearly print your firm's name, office address, city, state and complete post office zip code.

REPORTING MONTH, The month in which the employees' hours are worked.

FIRST/LAST REPORT, Indicate if this is your First or Last report in the jurisdiction by checking the appropriate box. Skip this item if you submitted a #441 Inside report for the last reporting period.

FEDERAL ID NUMBER, Clearly print your Employer Federal Tax Identification Number.

JW WAGE RATE, Enter the proper Journeyman Wireman Wage Rate for the reporting period.

TOTAL # EMPLOYED, Enter the total number of unique individual employees covered within this report.

HOURS AND EARNINGS GRAND TOTALS, Add the all of the Hours and Earnings columns from all employee pages and enter the result in the appropriate Grand Totals box.

TOTAL HEALTH, PENSION, VACATION, DUES, & EDUCATION FUNDS, Add all of the appropriate columns from all employee pages and enter the results in the boxes 1 through 6.

TOTAL TRAINING, Multiply the Total Training Hours by the appropriate Training rate as indicated on the current benefit rate sheet and enter the result in the box 7.

TOTAL LMCC, Total combined Employee deduction & Employer contribution. Multiply the Total LMCC Hours by the appropriate combined Employer + Employee LMCC rate as indicated on the current benefit rate sheet and enter the result in the box 8.

TOTAL EIAMF, Multiply the Total EIAMF Hours by the appropriate EIAMF rate as indicated on the current benefit rate sheet and enter the result in the box 9.

TOTAL NECA SERVICE CHARGES, For NECA Members Only. Multiply the Total Gross Earnings by 1% and enter the result in the box 10.

TOTAL NEBF, Multiply the Total NEBF Gross Earnings by 3% and enter the result in box 11.

TOTAL ALL FUNDS DUE THIS REPORT, Add boxes 1 through 11.

PREVIOUS BALANCE, Enter any credits or past due amounts, if applicable.

GRAND TOTAL DUE, Add the current total +/- previous balance. Pay this amount.

SIGNATURE, This report must be signed by (1) the individual, if the employer is a sole proprietor; (2) the president, treasurer or other officer if the employer is a corporation; or (3) a responsible and duly authorized member having knowledge of the firm's affairs if the employer is a partnership or other unincorporated organization.

Make check payable to: ORANGE COUNTY ELECTRICAL INDUSTRY

Employee Transmittal Page Instructions

EMPLOYEES HOURS & EARNINGS PAGE(S) - The following information shall be set forth in separate columns for each of your employees. If an employee has worked under multiple Classifications during the report period, then you must report each employee Classification on separate lines.

EMPLOYEE'S SOCIAL SECURITY NUMBER, Clearly print the employee's SSN: "xxx-xx-xxxx".

NAME OF EMPLOYEE, Clearly print the employee's Last, First name.

NEBF CLASS CODE, Enter one of the following Classification Codes for each employee line in Column #3:

- 1. For ALL Journeyman Level Classifications
- 6. For ALL Inside Apprentices
- 22. For ALL Residential Wireman
- 23. For ALL Residential Trainees
- 24. For ALL Storekeepers
- 26. For ALL Others (Including Non-Bargaining Administration)
- 27. For ALL NEBF Only "Alumni"

CLASS LEVEL, Enter one of the following Classification Levels for each employee line in Column #4:

- JWI For ALL Inside Journeyman
- JW FIX For ALL Fixture Service / Cleaner
- JW MOU For ALL Journeyman Retail MOU
- JW TR For ALL Transportation JW / Tech
- JW C For ALL Corporate Working Member
- JW NC For ALL Non-Corporate Working Member
- IJW For ALL Intermediate Wireman
- RW For ALL Residential Wireman
- RW T For ALL Residential Trainees
- SK For ALL Storekeeper
- % For ALL Apprentices (i.e. - 45%, 50%, ...90%)
- % A For ALL Apprentices indentured after 6/1/2005. (i.e. - 45% A, 50% A, ...90% A)
- ALM For ALL NEBF Only "Alumni"

CLOCK HOURS, Enter the total clock hours for the employee in column 5.

GROSS EARNINGS, Enter the actual Gross Earnings subject to withholding taxes for the employee in column 6.

HEALTH & WELFARE, Multiply the Employee's Clock Hours by the appropriate H&W rate as indicated on the current benefit rate sheet and enter the result in column 7. Enter \$0.00 for those who do not participate.

D.B. PENSION "A", Multiply the Employee's Clock Hours by the appropriate D.B. Pension "A" rate as indicated on the current benefit rate sheet and enter the result in column 8. Enter \$0.00 for those who do not participate.

D.C. PENSION "C", Multiply the Employee's Clock Hours by the appropriate D.C. Pension "C" rate as indicated on the current benefit rate sheet and enter the result in column 9. Enter \$0.00 for those who do not participate.

VACATION, Enter the Employee's total Vacation withholding and enter the result in column 10. Enter \$0.00 for those who do not participate.

UNION DUES, Enter the Employee's total Union Dues withholding and enter the result in column 11. Enter \$0.00 for those who do not participate.

GRAND TOTALS THIS PAGE, Total each benefit column on all pages. The Grand Totals for all pages will be included on the Transmittal Report Cover Sheet.