



PLASTERERS - LOCAL 262

Employers Remittance Agreement & Report

Return One Report To: OP & CMIA Local 262 Funds Office

3233 Laconia Avenue • Bronx, NY 10469 • Tel: (718) 547-5440 • Fax (718) 547-5435



Payroll Week Ending	Number of Employees Listed	Total Hours	Rate-Cents Per Hours	Vacation Fund- per hour amount times total hours worked to be added, taxed and then deducted from wages	Total Benefit Contribution	Attach Check payable to "OPCMIA Local 262 General Benefits Fund"
	Pension	Total Hours				Attach Separate Check payable to "OPCMIA Local 262 Pension Fund"
	Working Dues 5.5% of Wages Only	Total Wages 5.5%	5.5% of Wages	Taxable Amounts To Be Deducted From Members Gross Wages		Attach Separate Check payable to "OPCMIA Local 262 AFL-CIO"
	<u>International Assessment 1%</u> <u>Actual hours worked x benefit package per hour</u> <u>Actual hours worked x pension</u> <u>Actual hours worked x straight time per hour</u> <u>1% of totals of above = equals 1% assessment</u>		Rate 1% of Total Wages and Benefits	Taxable Amounts To Be Deducted From Members Gross Wages		Attach Separate Check payable to "OPCMIA Local 262 International Assessment Account"

CONTRACTOR'S NAME _____

Must List Job Locations

By signing this Agreement and Report the Employer hereby consents and agrees to be bound by and to assume all the terms and conditions, rights, liabilities and responsibility of an employer in accordance with the provision of the Collective Bargaining Agreement currently in force with the OPCMIA Local 262, with the same force and effect as if fully set forth herein. The employer agrees to make all contributions in accordance therewith in the amount set forth in this Agreement and Report for each hour of employment performed within the trade and geographical jurisdiction of the OPCMIA Local 262.

I certify that the information contained in this report is true and correct and that the hours reported for all OPCMIA Local 262 members represent all the hours worked by all OPCMIA Local 262 members at the job site specified for the time period specified, under the contract. WARNING – Any false statement or representation made in reporting on this form may subject you to prosecution under 18 U.S.C. 1027, the penalty for which is a fine of \$10,000 or imprisonment of five years, or both.

PRINT NAME

DATE

EMPLOYER FEDERAL I.D. #

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SIGNATURE

PRINT TITLE

Social Security No.	Name of Employee	Number of Hours	Rate Per Hour	Wages During Weekly
TOTAL SUBJECT TO CONTRIBUTION				
(INCLUDING CONTINUATION SHEETS) SAME AS TOTAL ABOVE				