## BOILERMAKERS & BLACKSMITHS LODGE NO. 169 – FRINGE BENEFIT FUNDS AND FIELD DUES CHECK-OFF

Name Address City & State			Code. No.  Taxpayer No.				Work N	/lonth	<u>FO</u> F	FORM 3031 -REV. 07/2021		
							EMPLOYERS' MONTHLY FRINGE BENEFIT REPORT					
			Phone				REPORT ALL WEEKLY PAYROLL PERIODS ENDING IN THE ABOVE MONTH  Reporting forms can be downloaded from the "Contractor" page of our website:  www.boilermakerslocal169.com					
Contact Name	Ema	Email R										
		1					A	В	C	D	E	
Employee Name (Last, First, Middle Initial)	Trade Level	SSN	ST		T1/2	DT	Total Hours	Base Wages	Vacation	Gross (Column B + Column C)	Field Dues (5% of Column D)	
		TOTA	LS=					\$		\$	\$	
TOTAL FIELD DUES (Column E)= \$							Make Field Dues Check Payable to: Boilermakers Local 169					
Total Hours (Column A) =							Mail Field Dues Check and a copy of this form to:  Boilermakers Local 169, 1755 Fairlane Drive, Allen Park, MI 48101					
Prior Period Adjustments Check Amount												
Sick & Disabled (Total Hours x .10) = \$			\$				Maka Erir	ngo Donofit Ch	ook Dovoble to:			
Training (Total Hours x .53) = \$			\$			Make Fringe Benefit Check Payable to:  Boilermaker & Blacksmiths Lodge #169 – Fringe Benefit Fund						
Welding Certification (Total Hours x .05) = \$			\$						9			
Supplemental Welfare (Total Hours x .96) = \$			\$				Mail Fringe Benefit Check and a copy of this form to:					
Vacation (Column C) = \$			\$			J.P. Morgan Chase Bank, Dept. # 771540 P.O. Box 77000 - Detroit, MI 48277-1540						
TOTAL FRINGE BEN	NEFITS =   \$	) 						P.U. BOX	/ /UUU - Detroit,	, IVII 482 <i>11</i> -1540		
EMPLOYER'S FAILURE TO PAY THE CONTRIBU THE FUNDS' TRUST AGREEMENT. AN EMPLO MADE ON OR BEFORE THE 15 <sup>TH</sup> DAY OF THE C GREATER, SHALL BE PAID BY THE DEFAUL ADDITIONAL 30 DAYS OR MORE, INTEREST SHA	YER SHALL BE CONS CALENDAR MONTH IN LTING EMPLOYER AS	DERED TO BE IN D WHICH THEY ARE I A LATE PAYMENT C	EFAULT IF PAYN DUE. 10% OF SU CHARGE. IF THE	MENT OF ICH PAYN DELINQU	ITS CONTRIBUTION MENT OR \$15.00, V JENCY CONTINUE	ONS ARE NOT VHICHEVER IS S FOR AN		Authoriz	zed Signature	e of Employer		
PAYME	ENT CHARGES, AND A	CCRUED INTEREST	DUE THE FUNDS	S	ON AID CONTAIL	JONIO, LAIL						