BOILERMAKERS LOCAL 169 SPECIAL ASSESSMENT REPORTING FORM – EFFECTIVE 7/1/2021

		WORK MONTH
Employer Name	*Taxpayer ID Number*	
Address	*Phone*	REPORT ALL WEEKLY PAYROLL PERIODS ENDING IN THE ABOVE WORK MONTH.
City, State, Zip	*Email*	

EMPLOYEE INFORMATION & HOURS DETAIL

Last Name	Initials	SSN	Straight	Time & ½	Double	**Total Hours Worked**

Mail your completed form and payment to:

Boilermakers Local 169
Special Assessment Fund
1755 Fairlane Drive
Allen Park, MI 48101

Total hours worked= _____

Total amount due (total hours worked x .43)= **$** _____

Adjustments (please explain)= **$** _____

Total amount remitted= **$** _____

In accordance with the collective bargaining agreement, contributions are due by the 15th day of the month following the month the employees worked.