

BOILERMAKERS LOCAL 169 SPECIAL ASSESSMENT REPORTING FORM – EFFECTIVE 7/1/2023

		WORK MONTH
<i>Employer Name</i>		<i>Taxpayer ID Number</i>
<i>Address</i>		REPORT ALL WEEKLY PAYROLL PERIODS ENDING IN THE ABOVE WORK MONTH.
<i>City, State, Zip</i>		

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 .50) = \$ _____

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.