IRON WORKERS MID-AMERICA PENSION FUND IRON WORKERS SUPPLEMENTAL MONTHLY ANNUITY (SMA) FUND

P.O. BOX BOX 708 - LANSING, ILLINOIS 60438 - PHONE (708) 474-9902

COMBINED REPORT OF TOTAL HOURS WORKED BY IRONWORKER EMPLOYEES

WE CERTIFY THE BELOW IS A TRUE AND COMPLETE REPORT OF HOURS WORKED BY FOREMEN, JOURNEYMEN AND APPRENTICE IRON WORKERS REPRESENTED IN COLLECTIVE BARGAINING BY THE BELOW NOTED LOCAL UNION.

BE SURE TO ADD THE NAME AND CORRECT SOCIAL SECURITY NUMBER OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.

IMPLETE AND RETURN THIS REPORT WITH REMITTANCE TO

IF NO IRON WORKERS WERE EMPLOYED DURING THIS PERIOD, INDICATE BY MARKING THE REPORT "NONE". IF YOUR PROJECT IS COMPLETED, MARK REPORT "FINAL" AND RETURN.

PAGE

MONTH OF

11

2025

HE FUND OFFICE PROMP	TLY AT THE CLOSE OF THE MONTH					
FIRM NAME	LOCAL UNION IN WHOSE JURISDICTION WORK WAS PERFORMED 383					
ADDRESS			ACCOUNT NUMBER			
HONE #	FED. I.D. # (E.I.N.)	-	PAYROLL PE	RIOD ENDING		
SOCIAL SECURITY NO.	EMPLOYEE'S NAME	ACTUA REG.	AL HOURS WOR O.T.	KED TOTAL	WORKING VAC OR SAV ASS'T (\$) (\$)	
		NEO.	0.11	101712		
NOTE SEPARATE CHECKS AF PLEASE SEE MAILING INST	The particular to the second s				-	
OUE MID-AMERICA AMOUNT PAYA DUE WORKING DU	A PENSION FUND @ 12.69 A SUPPLEMENTAL MONTHLY ABLE TO FRINGE BENEFIT ES CHECKOFF @ 2.20 PER E PLAN @ 9.51 PER HOUR	PER HOUR ANNUITY F FUND ACCO	OUNT			
OUE APPRENTICE	& RETRAINING FUND @ $.\overline{8}$	1 PER HOU	JR			
	D @ .28 PER HOURCT ADMINISTRATION @ .11	PER HOUR	}			
	ABLE TO IRONWORKERS LOC			COUNT		

The undersigned Employer, if not already a signator, hereby becomes a signatory party to the currently-applicable collective bargaining agreement with the Local of the Union covering the type and area of work of the listed employees and also to each Agreement and Declaration of Trust, and Amendments, establishing the Funds for which payment is made herewith. The undersigned Employer hereby agrees that the contributions reflected herein are made in conformity with the provisions dealing with contributions to the Funds in the Collective Bargaining Agreement between the Union and Employers who executed the Agreement and Declaration of Trust establishing the Funds. This is your authority to examine our retained copies of the quarterly withholding returns filed with the Internal Revenue Service.

FUND COPY	SIGNED	TITLE	
FUND COPT	SIGNED		