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.

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.

COMPLETE AND RETURN THIS REPORT WITH REMITTANCE TO	
THE FUND OFFICE PROMPTLY AT THE CLOSE OF THE MONTH	

PAGE 1 MONTH OF

01 2023

SALE CONTROL TO THE SECOND OF THE MONTH

LOCAL UNION IN WHOSE JURISDICTION

WORK WAS PERFORMED 383

ADDRESS

FIRM NAME

ACCOUNT NUMBER

PHONE #		FED. I.D. # (E.I.N.)	PAYROLL PERIOD ENDING				
SOCIAL SECURITY NO.	EN	ADI OVEE'S NAME	ACTU.	AL HOURS WOF	RKED	WORKING	VAC OR SAV
SOCIAL SECURITY NO.	CURITY NO. EMPLOYEE'S NAME	IPLOTEE 5 NAIVIE	REG.	O.T.	TOTAL	ASS'T (\$)	(\$)
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NOTE: SEPARATE CHECKS AF PLEASE SEE MAILING INST					-		
	100110110.	TOTALS - ALL PAGES					
DUE MID-AMERICA	A SUPPLE	N FUND @ 11.89 MENTAL MONTHLY FRINGE BENEFIT	ANNUITY E		65 PER I	HOUR	
DUE HEALTH CARE DUE APPRENTICE DUE IMPACT FUNI DUE IAP/CONTRAC	E PLAN @ & RETRA D @ .24 CT ADMIN	INING FUND @ $.\overline{8}$	1 PER HOU	2			

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	