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** 10 2026

FIRM NAME

ADDRESS

LOCAL UNION IN WHOSE JURISDICTION WORK WAS PERFORMED
383

ACCOUNT NUMBER

PHONE # _____ **FED. I.D. # (E.I.N.)** _____ **PAYROLL PERIOD ENDING** _____

SOCIAL SECURITY NO.	EMPLOYEE'S NAME	ACTUAL HOURS WORKED			WORKING ASS'T ($)	VAC OR SAV ($)
		REG.	O.T.	TOTAL		
NOTE: SEPARATE CHECKS ARE REQUIRED. PLEASE SEE MAILING INSTRUCTIONS.	**TOTALS - THIS PAGE**					
	TOTALS - ALL PAGES					

DUE MID-AMERICA PENSION FUND @ 12.94 PER HOUR _____
DUE MID-AMERICA SUPPLEMENTAL MONTHLY ANNUITY FUND @ 9.90 PER HOUR _____
AMOUNT PAYABLE TO FRINGE BENEFIT FUND ACCOUNT _____

DUE WORKING DUES CHECKOFF @ 2.20 PER HOUR _____
DUE HEALTH CARE PLAN @ 9.75 PER HOUR _____
DUE APPRENTICE & RETRAINING FUND @ .91 PER HOUR _____
DUE IMPACT FUND @ .29 PER HOUR _____
DUE IAP/CONTRACT ADMINISTRATION @ .13 PER HOUR _____
AMOUNT PAYABLE TO IRONWORKERS LOCAL 383 LOCKBOX ACCOUNT _____

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** _____