Carpenters Southwest Administrative Corporation

533 SO. FREMONT AVENUE • LOS ANGELES, CA 90071-1706 • TEL. (213) 386-8590 • TOLL FREE (800) 293-1370

SOUTHWEST CARPENTERS TRUSTS
EMPLOYERS MONTHLY REPORT TO TRUSTEES

How to report benefits – Arizona

1. Apprentices that are 1st period through 4th period (No Pension) are to be reported on the "Blue" Apprentice's report. See an attached example.

2. Apprentices that are 5th period through 8th period, including Journeymen are to be reported on the "Yellow" Journeyman report. See an attached example.

3. Pre-apprentices (Code 0) are reported on a separate report form. Please request this report from this office when needed.

4. One check may be issued for all funds on all reports – be sure to make your check payable to the Southwest Carpenters Trusts.

Reminder: All reports are due and payable by the 15th of each month, but not assessable for late filing until the 25th. Please be aware that reports must be in the Administrative Office before the 25th of each month, which means that if the 25th falls on a Saturday, Sunday or holiday the reports must be received in this office by the previous work day. **The original report form must always be filled out and returned.** No photocopies please.

The attached samples reflect the benefit rates for commercial jobs. Your obligations under your agreement may have different benefit rates.

When you have a reporting month when NO CRAFT was hired, please show this by checking the box in the upper right-hand corner of your monthly remittance form and return the form to the Administrative Office.

If you do not receive your monthly remittance report form by the 10th of the month contact the **EMPLOYER CONTROL DEPARTMENT** at 533 S. Fremont Avenue, Los Angeles, CA., 90071-1706 or call 213-386-8590.

SPECIAL NOTE: Corporate Officers, Partners, RMEs, RMOs, Superintendents who work with the tools of the trade must be reported on the C4A report only. PLEASE DO NOT LIST ANY OF THESE CLASSIFICATIONS ON THE JOURNEYMAN REPORT. Additional information is in the enclosed C4A letter and resolution.

Should you bring employees from another state, please be aware that their benefits need to be paid to this administrative office and not to their home fund office.

Rev. 01/01/2007

SOUTHWEST CARPENTERS TRUSTS

Health & Welfare, Pension, Vacation, Apprenticeship, Advancement, Grievance, Industry
Administrative Office — 533 South Fremont Avenue, Los Angeles, CA 90071-1706

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

APPRENTICE REPORT

If no Apprentices were Employed During the Month Check Here ☐

NOTICE TO EMPLOYER: One copy of this form will be mailed to you each month. This form must be the 1st page of each monthly report you file. If you can not list all apprentices on this sheet then list additional names on a Continuation Sheet which has been supplied to you.

A

1. EMPLOYER NAME & ACCOUNT NO. AS REGISTERED IN ADMINISTRATIVE OFFICE

2898 CONTRACTOR'S NAME
JOB DESCRIPTION
123 UNION STREET
LOS ANGELES, CA 90020-1496

2. THIS REPORT IS TO COVER CALENDAR MONTH JAN 2007

LIC. NO. AZ922230

HVDAC

ICA 07/2002

3. PERIOD COVERED BY THIS REPORT

IMPORTANT: An Employer must file this Report each month even though no Apprentices were employed.

THIS REPORT IS DUE ON THE 15TH OF EACH MONTH AND MUST BE RECEIVED NOT LATER THAN THE 25TH TO AVOID LIQUIDATED DAMAGES FOR DELINQUENT REPORTING

If the period reported begins more than 5 days prior to the 1st of the month or extends 5 days beyond the last day of the month, a new report is required.

	4. SOCIAL SECURITY NUMBER			5. NAME OF EMPLOYEE LAST NAME AND INITIALS	APP Code	6. Gross Earnings	Straight Time Hours	Overtime Hours	Total Clock Hours
1	456	77	1111	NAMES OF: 1ST PERIOD	1ST	1523.20	160		160
2				THROUGH 4TH PERIOD APPRENTICES					
3									
4				PLEASE NOTE: THIS IS A SAMPLE ONLY-YOUR OBLIGATION MAY SHOW DIFFERENT RATES AND FUNDS					
5									
				TOTALS THIS PAGE ▶		1523.20	160		160
7	Total Number pages THIS REPORT.....			TOTALS THIS PAGE ▶					

TRUSTS	8. Total Hours All Pages	Hourly Contribution Rate	9. Adjustments	10. Amount Due TOTAL	TRUSTS	11. Total Hours All Pages	Hourly Contribution Rate	12. Adjustments	13. Amount Due TOTAL
Health & Welfare	160	X 3.80	=$	$ 592.00			X	=$	$
Vacation	160	X 0.50	=$	$ 80.00			X	=$	$
Supp. Dues	160	X 0.62	=$	96.00			X	=$	$
Apprenticeship	160	X 0.36	=$	$ 57.00			X	=$	$
CACM	160	X 0.05	=$	$ 8.00			X	=$	$
		X	=$	$			X	=$	$
		X	=$	$			X	=$	$
		X	=$	$	14. TOTALS		X	=$	$ 833.60

IMPORTANT NOTICE: This report should be accompanied by check for the total amount due ALL Trusts made payable to: SOUTHWEST CARPENTERS TRUSTS

SEND check with blue copy of form to:
533 SOUTH FREMONT AVENUE, LOS ANGELES, CA 90071-1706

INDICATE CHECK NUMBER 5020

15. BY SUBMITTING THIS REPORT, THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED ON THIS PAGE AND ALL CONTINUATION PAGES IS CORRECT; THAT ALL COMPENSATED HOURS PAID TO CARPENTER EMPLOYEES EMPLOYED BY THE UNDERSIGNED DURING THE PERIOD COVERED ARE REPORTED HEREIN; THAT ALL CONTRIBUTIONS REQUIRED HAVE BEEN PAID FOR ANY PERSON WORKING WITH TOOLS OF THE TRADE; THAT NO SELF-EMPLOYED PERSON IS REPORTED HEREIN; THAT CARPENTERS SOUTHWEST ADMINISTRATIVE CORP. (CSAC) IS DESIGNATED AS THE AGENT TO RECEIVE WRITTEN DUES AUTHORIZATIONS FROM EMPLOYERS PURSUANT TO SECTION 302(c)(4) OF THE LMRA, AND ANY REVOCATIONS OF SUCH AUTHORIZATIONS; THAT THE DEPOSITORY BANK IS AUTHORIZED TO DEPOSIT THE MONIES REPORTED HEREIN UNDER VACATION-SUPPLEMENTAL DUES IN A SPECIAL ACCOUNT HELD BY CSAC; THAT CSAC IS AUTHORIZED TO TRANSFER MONTHLY FROM SUCH ACCOUNT THE MONIES PAID WITH RESPECT TO THE WORK OF EACH EMPLOYEE WHO HAS ON FILE WITH CSAC AN UNREVOKED DUES AUTHORIZATION IN A FORM COMPLYING WITH LAW TO THE APPROPRIATE LOCAL UNIONS AS SUPPLEMENTAL DUES AND TO TRANSFER THE REMAINING MONIES TO THE SOUTHWEST CARPENTERS VACATION TRUST AND HOLIDAY PLAN FOR CREDIT TO THE VACATION AND HOLIDAY ACCOUNTS OF THE OTHER EMPLOYEES; THAT THE UNDERSIGNED IS BOUND BY ALL PAYMENTS REPORTED HEREIN ARE MADE UNDER AND PURSUANT TO THE APPROPRIATE WRITTEN AGREEMENTS APPLICABLE TO THE TRUST FUNDS AS REQUIRED BY SECTION 302(C)(5)(B) OF THE LABOR MANAGEMENT RELATIONS ACT. BY THIS PAYMENT TO THE CARPENTERS TRUST FUNDS, IT IS UNDERSTOOD AND ACKNOWLEDGED THAT THE UNDERSIGNED IS SIGNATORY AND BOUND TO A CURRENT COLLECTIVE BARGAINING AGREEMENT WITH THE CARPENTERS UNION PROVIDING FOR EACH TRUST FUND PAYMENT AND AUTHORIZES THE DEPOSITORY BANK TO TRANSFER THE MONIES REMITTED HEREWITH TO THE APPROPRIATE TRUST IN ACCORDANCE WITH INSTRUCTIONS ISSUED BY THE TRUSTEES THEREOF.

Signature_____ Title_____ State Lic. No._____

SOUTHWEST CARPENTERS TRUSTS

Health & Welfare, Pension, Vacation, Apprenticeship, Advancement, Grievance, Industry

#596

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

If no Carpenters were Employed During the Month Check Here ☐

NOTICE TO EMPLOYER: One copy of this form will be mailed to you each month. This form must be the 1st page of each monthly report you file. If you can not list all employees on this sheet then list additional names on a Continuation Sheet which has been supplied to you or you may attach a computer spreadsheet.

C

1. EMPLOYER NAME & ACCOUNT NO. AS REGISTERED IN ADMINISTRATIVE OFFICE

2. THIS REPORT IS TO COVER CALENDAR MONTH: JAN, 2007

LIC. NO. AZ922230

2898

CONTRACTOR'S NAME
JOB DESCRIPTION
123 UNION STREET
LOS ANGELES, CA 90020-1496

HPVDAC
ICA 07/2002

ARIZONA COMMERCIAL

3. PERIOD COVERED BY THIS REPORT

IMPORTANT: An Employer must file this Report each month even though no Carpenters were employed.

THIS REPORT IS DUE ON THE 15TH OF EACH MONTH AND MUST BE RECEIVED NOT LATER THAN THE 25TH TO AVOID LIQUIDATED DAMAGES FOR DELINQUENT REPORTING

If the period reported begins more than 5 days prior to the 1st of the month or extends 5 days beyond the last day of the month, a new report is required. ***Enter only the hours worked on Sunday and Holidays. These hours must also be included in your D.T. column.**

	4. SOCIAL SECURITY NUMBER			5. NAME OF EMPLOYEE LAST NAME, FIRST NAME	APP Code	6. Gross Earnings	Straight Time Hours	O.T. Hours	D.T. Hours	Total Clock Hours	*Sun/ Hol
1	123	45	6789	NAMES OF: JOURNEYMEN AND	5TH	2665.60	160			160	
2				5TH PERIOD THROUGH 8TH							
3	987	65	4321	PERIOD APPRENTICES	JR	4120.50	160			160	
4											
5	PLEASE NOTE: THIS IS A SAMPLE ONLY-YOUR OBLIGATION MAY SHOW DIFFERENT RATES AND FUNDS										
	* Sun/Hol Hours are for Southern Nevada only.			TOTALS THIS PAGE ▶		6786.10	320			320	
7	Total Number pages THIS REPORT.....			TOTALS THIS PAGE ▶							

TRUSTS	8. Total Hours All Pages	Hourly Contribution Rate	9. Adjustments	10. Amount Due TOTAL	TRUSTS	11. Total Hours All Pages	Hourly Contribution Rate	12. Adjustments	13. Amount Due TOTAL
Health & Welfare	320	X 3.80	=$	$ 1184.00			X	=$	$
Pension	320	X 1.36	=$	$ 355.20			X	=$	$
Vacation	320	X 0.50	=$	$ 160.00			X	=$	$
Supp. Dues	320	X 0.62	=$	192.00			X	=$	$
Apprenticeship	320	X 0.36	=$	$ 115.20			X	=$	$
CACM	320	X 0.05	=$	$ 16.00			X	=$	$
		X	=$	$			X	=$	$
		X	=$	$	14. TOTALS		X	=$	$ 2022.40

IMPORTANT NOTICE: This report should be accompanied by check for the total amount due for ALL Trusts, made payable to: SOUTHWEST CARPENTERS TRUSTS

SEND check with yellow copy of form to:
533 SOUTH FREMONT AVENUE
LOS ANGELES, CA 90071-1706

or

980 KELLY JOHNSON DRIVE, SUITE 180
LAS VEGAS, NV 89119

INDICATE CHECK NUMBER 5020

A SELF-ADDRESSED ENVELOPE IS ENCLOSED FOR YOUR CONVENIENCE AND WILL DIRECT YOUR PAYMENT TO THE ADMIN OFFICE ASSIGNED TO YOU

15. BY SUBMITTING THIS REPORT, THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED ON THIS PAGE AND ALL CONTINUATION PAGES IS CORRECT; THAT ALL COMPENSATED HOURS PAID TO CARPENTER EMPLOYEES EMPLOYED BY THE UNDERSIGNED DURING THE PERIOD COVERED ARE REPORTED HEREIN; THAT ALL CONTRIBUTIONS REQUIRED HAVE BEEN PAID FOR ANY PERSON WORKING WITH TOOLS OF THE TRADE; THAT NO SELF-EMPLOYED PERSON IS REPORTED HEREIN; THAT CARPENTERS SOUTHWEST ADMINISTRATIVE CORP. (CSAC) IS DESIGNATED AS THE AGENT TO RECEIVE WRITTEN DUES AUTHORIZATIONS FROM EMPLOYERS PURSUANT TO SECTION 302(c)(4) OF THE LMRA, AND ANY REVOCATIONS OF SUCH AUTHORIZATIONS; THAT THE DEPOSITORY BANK IS AUTHORIZED TO DEPOSIT THE MONIES REPORTED HEREIN UNDER VACATION-SUPPLEMENTAL DUES IN A SPECIAL ACCOUNT HELD BY CSAC; THAT CSAC IS AUTHORIZED TO TRANSFER MONTHLY FROM SUCH ACCOUNT THE MONIES PAID WITH RESPECT TO THE WORK OF EACH EMPLOYEE WHO HAS ON FILE WITH CSAC AN UNREVOKED DUES AUTHORIZATION IN A FORM COMPLYING WITH LAW TO THE APPROPRIATE LOCAL UNIONS AS SUPPLEMENTAL DUES AND TO TRANSFER THE REMAINING MONIES TO THE SOUTHWEST CARPENTERS VACATION TRUST FOR CREDIT TO THE VACATION ACCOUNTS OF THE OTHER EMPLOYEES; THAT THE UNDERSIGNED IS BOUND BY ALL PAYMENTS REPORTED HEREIN ARE MADE UNDER AND PURSUANT TO THE APPROPRIATE WRITTEN AGREEMENTS APPLICABLE TO THE TRUST FUNDS AS REQUIRED BY SECTION 302(C)(5)(B) OF THE LABOR MANAGEMENT RELATIONS ACT. BY THIS PAYMENT TO THE CARPENTERS TRUST FUNDS, IT IS UNDERSTOOD AND ACKNOWLEDGED THAT THE UNDERSIGNED IS SIGNATORY AND BOUND TO A CURRENT COLLECTIVE BARGAINING AGREEMENT WITH THE CARPENTERS UNION PROVIDING FOR EACH TRUST FUND PAYMENT AND AUTHORIZES THE DEPOSITORY BANK TO TRANSFER THE MONIES REMITTED HEREWITH TO THE APPROPRIATE TRUST IN ACCORDANCE WITH INSTRUCTIONS ISSUED BY THE TRUSTEES THEREOF.

Signature _____ Title _____ State Lic. No _____