

**MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS  
VARIOUS ELECTRICAL INDUSTRY FUNDS**

**VOICE DATA VIDEO**

**FIRE ALARM**

**AND  
NATIONAL ELECTRICAL BENEFIT FUND**

NAME \_\_\_\_\_  
D.B. A. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMPLOYER'S FED ID # \_\_\_\_\_

LOCAL UNION NO. WHERE WORK IS PERFORMED - **150**  
FUND OFFICE EMPLOYER NUMBER \_\_\_\_\_

TOTAL NUMBER EMPLOYED THIS PERIOD \_\_\_\_\_  
 Bldg Constr. Rate Per Hour \$ \_\_\_\_\_  
 Residential Wage Rate Per Hour \$ \_\_\_\_\_  
 Communication Wage Rate Per Hour \$ \_\_\_\_\_

This Transmittal Covers ALL Payroll Weeks Ending in Calendar MONTH OF: \_\_\_\_\_

***This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month.***

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3						
1. BUILDING CONSTRUCTION	2. MOTOR REPAIR	3. SIGN	4. COMMUNICATIONS	5. MAINTENANCE	6. INSIDE APPRENTICE	
	16. MANUFACTURING		17. MAINTENANCE	18. UTILITY		
22. RESIDENTIAL	23. RESIDENTIAL TRAINEE	26. OTHER (including non-bargaining admin)	27. ALUMNI			

COLUMN 1	COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE (ALPHABETICALLY) LAST NAME, FIRST NAME INITIAL	CLS	CLOCK HOURS	GROSS EARNINGS	H & W	VAC	PENSION	ANNUITY	DUES ASSMT

TOTAL NO. PAGES THIS REPORT _____	TOTAL THIS PAGE _____	TOTAL ALL PAGES _____							
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\*MAKE CHECK PAYABLE TO NATIONAL ELECTRIC BENEFIT FUND FOR 3% OF THE GROSS EARNINGS (COL 5) \$ \_\_\_\_\_  
 \*MAKE CHECK PAYABLE TO NORTHEASTERN NECA (If Applicable) \$ \_\_\_\_\_  
 \*MAIL CHECK WITH 2 COPIES TO:

\*NORTHEASTERN ILLINOIS EBB #141  
2100 Manchester Rd., Bldg A  
Wheaton, IL 60187  
(630) 876-5363

**ADD TOTALS:**  
**MAKE ONE CHECK AND MAIL WITH COPY TO:**  
 TOTAL H & W CONTRIBUTION \_\_\_\_\_  
 TOTAL VACATION CONTRIBUTION \_\_\_\_\_  
 TOTAL ANNUITY \_\_\_\_\_  
 TOTAL PENSION CONTRIBUTION \_\_\_\_\_  
 TOTAL WORKING ASSESSMENT \_\_\_\_\_  
 TOTAL APPRENTICESHIP CONTRIBUTION \_\_\_\_\_  
 TOTAL LMCC \_\_\_\_\_  
 TOTAL ADMINISTRATIVE MAINTENANCE \_\_\_\_\_

**ADDRESSES TO USE BY MAIL TYPE**

**Option 1 - Regular or Certified**  
 IBEW LOCAL 150  
 PO BOX 7126  
 CAROL STREAM IL 60197-7126

**Option 2 - Fed Ex/UPS**  
 IBEW LOCAL 150  
 C/O WINTRUST LOCKBOX 7126  
 5450 N CUMBERLAND AVENUE  
 CHICAGO IL 60656

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

Check Here:  
 First Report in this Local Union area \_\_\_\_\_  
 Final Report in this Local Union area \_\_\_\_\_  
 When more forms are needed \_\_\_\_\_

**FINES ASSESSED FOR LATE REPORT**  
*Fines will be assessed if reports (includes "No Hours") are not received at the bank by the 15th*

FIRM NAME \_\_\_\_\_  
 SIGNATURE & TITLE \_\_\_\_\_  
 DATE \_\_\_\_\_