

Northern Ohio Recovery Agreement Remittance Form
IBEW Local Unions: 8,38,64,129,246,306,540,573,673

Employer Name _____

Work Month _____ Year _____

Completed By: _____

Address _____

Check If: _____ First Report _____ Last Report _____

Date: _____

Telephone _____

Employer FEIN _____

I HEREBY CERTIFY THE INFORMATION SUBMITTED ON THIS REPORT IS TRUE AND CORRECT AND AGREE TO BE BOUND BY THE TERMS OF PAYMENT TO THE FUND COVERED BY THIS REPORTING FORM AS SET FORTH IN THE COLLECTIVE BARGAINING AND TRUST AGREEMENTS. I ALSO CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF HOURS WORKED AND WAGES EARNED OF ALL EMPLOYEES SUBJECT TO THE AGREEMENT.

A	B		C	D	E	F	G	H	I	J
Job Site	Name		Social Sec. No.	Classification	Hours Worked	Gross Wages	NEBF/NEAP	Union Dues	Other Fringes	Total Due
Local Union	Last	First					6% of Gross (Col F x.06)	3% of Gross (Col. F x.03)	** \$7.97/ hour (Col E x \$7.97)	(Col. G+H+I)

Total this Page

** Hourly rate for Non NECA Members is \$7.81

Total all Pages

Instructions:

- 1. A separate entry is required for work performed in each Local Union jurisdiction by each employee. (i.e. Hours worked by an employee in two jurisdictions must be shown separately.)
 - 2. Hours Worked means clock hours.
 - 3. Payments must be remitted no later than 15 calendar days following the end of the payroll month.
 - 4. Make checks payable to: Northern Ohio LMC
 - 5. Remit checks and forms to: 3660 Stutz Dr. Ste. 101
Canfield, Ohio 44406
- Please use this form as a cover sheet if submitting internal payroll records with detailed information
 Contact Elizabeth Pishko at 1-800-435-2388 with any questions.