

ROOFERS LOCAL #195

7706 Maltlage Drive * Liverpool, NY * 13090 * Phone: (315) 699-1808 * Fax: (315) 699-1806

Employer: _____

Address: _____ City/State/Zip _____

THIS FORM IS EFFECTIVE ON WAGES PAID AFTER 6/01/2019

FOR PAY PERIOD STARTING: _____ ENDING: _____

	ROOFER'S NAME	SOCIAL SECURITY NO.	HOURS	GROSS PAY	Union Dues Assessments		(IHA) Intl. Hourly Assessment	(IAF) Industry Advance Fnd	VACATION	
					3% Gross Wages	3% Fringe Benefit Package			JRNYM	APPR
1										
2										
3										
4										
5										
6										
7										
8										
9										
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11										
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16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
TOTALS:										

CHECK #1

IAF - Payable to: ROOFING CONTRACTORS ASSOCIATION INDUSTRY FUND

Mail to: ROOFERS LOCAL # 195

_____ HOURS X \$.05 = _____

7706 Maltlage Drive
Liverpool, NY 13090

TOTAL: _____ CHECK # _____

CHECK #2 - 3% DUES ASSESSMENT & IHA - Payable to: ROOFERS LOCAL #195

3% GROSS WAGES & FRINGE PKG: _____

Mail to: ROOFERS LOCAL # 195

TOTAL HOURS X .14 (IHA) = _____

7706 Maltlage Drive
Liverpool, NY 13090

TOTAL: _____ CHECK # _____

CHECK #3 - VACATION - Payable to: EMPOWER CREDIT UNION

Mail to: EMPOWER CREDIT UNION

JOURNEYMEN: _____

ATTN: EFT SERVICES

APPRENTICES: _____

1 MEMBER WAY

TOTAL: _____ CHECK # _____

SYRACUSE, NY 13212

THE UNDERSIGNED EMPLOYER WARRANTS THE INFORMATION CONTAINED HEREIN IS TRUE & CORRECT

By: _____ Title: _____ Date: _____

This report and covering contribution must be postmarked no later than the 15th of the month following the close of any month in which wages are paid. Late charges may be assessed for all payments received after the 20th of the month. All remittance must be made by check. No cash is accepted.