PLEASE FILE IN DUPLICATE,
THIRD COPY IS FOR YOUR FILES.

MID-ATLANTIC STATES DISTRICT COUNCIL
PARTICIPATING LOCALS ANNUITY FUND

P.O. BOX 13487
ROANOKE, VIRGINIA 24034
(540) 345-7735

CONTROL SHEET NO. _____

EMPLOYER NO. _____

EMPLOYER'S MONTHLY REPORT OF CONTRIBUTIONS

NAME OF EMPLOYER _____ DATE _____

ADDRESS _____

_____ (Zip No.) _____ TELEPHONE _____

REPORT FOR MONTH OF _____

Covering Payroll Periods Ended 1 _____, 2 _____, 3 _____, 4 _____, 5 _____

EMPLOYEE'S SOC. SEC. NUMBER	EMPLOYEE'S NAME (LAST) (FIRST) (INITIAL)	SHOW NO. HOURS WORKED IN EACH WEEKLY PAYROLL PERIOD. 1	2	3	4	5	TOTAL HOURS WORKED 6

Annuity $_____ x _____ hrs. $_____

TOTAL $_____

☐ CHECK HERE WHEN JOB IS COMPLETED.

☐ CHECK HERE FOR ADDITIONAL FORMS.

Job Location _____
(City of County)

Local Union No. _____

Job No. _____

TOTAL NO. OF EMPLOYEES _____

DECLARATION: The above contractor affirms and declares that it is a party to a written agreement requiring contributions to the Mid-Atlantic States District Council Participating Locals Annuity Fund, and also agrees to be bound by the terms of the Fund's Agreement and Declaration of Trust, and also certifies that this report includes only employees covered under the terms of a collective bargaining agreement with the International Association of Bridge, Structural, Ornamental and Reinforcing Ironworkers or its local union affiliates and does not include a sole proprietor or partner of the contractor.

INSTRUCTIONS

1. Indicate job location by city or county.
2. Indicate in appropriate block if additional forms are needed.
3. Indicate total hours worked in column 6.
4. Make one check payable to IRON WORKERS TRANSMITTAL ACCOUNT.

Mail Check with two (2) copies to:
MID-ATLANTIC STATES DISTRICT COUNCIL PARTICIPATING LOCALS ANNUITY FUND
Administrative Office, P.O. Box 13487, Roanoke, Virginia 24034

(TRUST COPY - WHITE) (UNION COPY - YELLOW) (EMPLOYER'S COPY - PINK)

61620 Art-Rke.,VA 24011