

ALL CONTRIBUTIONS ARE DUE
BY THE 15TH OF THE MONTH
FOLLOWING THE MONTH
WORKED

BAC LOCAL #2
Journeyman First Shift
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY

COMMERCIAL 1ST SHIFT JOURNEYMAN
REV. 06/24
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS
ADDRESS		TELEPHONE	FORM COMMERCIAL <input type="checkbox"/>	
CITY AND STATE	ZIP	REPORT DATE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>

PLEASE INDICATED THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY **PLACING A MARK BEFORE THE APPROPRIATE SECTION**. THEN INSERT THE FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED AT THE BOTTOM OF THIS FORM.

Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Appr.	IMI	Working Dues	Industry Advmt.	M.U.S.T
	A	AGC Contractors - Associated General Contractors of Michigan	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$4.40 HOURS WORKED	\$5.59 HOURS WORKED	\$3.05 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$4.40 HOURS WORKED	\$5.59 HOURS WORKED	\$3.05 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$4.40 HOURS WORKED	\$5.59 HOURS WORKED	\$3.05 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:		TOTAL BASE PAY* FROM COLUMN C:	
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$8.97	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$4.00	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$1.84	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.21	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.40	HOURS WORKED COLUMN A			
IMI	\$0.59	HOURS WORKED COLUMN A			
WORKING DUES	\$3.05	HOURS PAID COLUMN B			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T	\$0.05	HOURS WORKED COLUMN A			

TOTAL AMOUNT DUE:

*Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, PPA, Working Dues, Industry Advancement or M.U.S.T. contributions.

INSTRUCTIONS

- Complete two copies of this form.
Make check payable to **Cement
Masons' F.B.F.** Keep one copy for
your records. Mail one copy with your
check to:

Chase Bank
Attn: Cement Masons' F.B.F.
Dept. 78015, P.O. Box 78000
Detroit, MI 48278-0015

- If payment is not made by 15th of the
month, simple interest will be assessed
at the rate of 12% per annum.

- Explain adjustments on reverse side
and attach variance notice, if
applicable.

IMPORTANT

**FEDERAL LAW REQUIRES EACH EMPLOYER
TO FURNISH THE FOLLOWING INFORMATION**

**If no men were employed during the month please
complete:**

<input type="checkbox"/>	Inactive this month
<input type="checkbox"/>	No longer working in area
<input type="checkbox"/>	Final Report - give reason

By filing this form, the undersigned employer confirms that he or it has agreed to
make employee fringe benefit contributions, the detailed basis of which is as set
out above.

SIGNATURE

BAC LOCAL #2 Journeyman First Shift CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY				FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT	
BAC LOCAL #2 CONTRACTOR'S NAME		WORK MONTH			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B	COLUMN C
			HOURS WORKED	HOURS PAID	TOTAL BASE PAY
					Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.
LAST	INITIALS				
ENTER TOTAL HOURS WORKED, HOURS PAID AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:			

ALL CONTRIBUTIONS ARE DUE
BY THE 15TH OF THE MONTH
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WORKED

BAC LOCAL #2
Journeyman Special Shift
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY

COMMERCIAL SPECIAL SHIFT JOURNEYMAN
REV. 06/24
**EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT**

NAME	CODE NO.	WORKED MONTH/YEAR	
ADDRESS	TELEPHONE	REQUEST FOR FORMS FORM COMMERCIAL <input type="checkbox"/>	
CITY AND STATE	ZIP	REPORT DATE	Report All Weekly Payroll Periods Ending In The above Month
			NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>

PLEASE INDICATED THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY **PLACING A MARK BEFORE THE APPROPRIATE SECTION**. THEN INSERT THE FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED AT THE BOTTOM OF THIS FORM.

Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Appr.	IMI	Working Dues	Industry Advmt.	M.U.S.T
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	A1	CAM Contractors - Construction Association of Michigan	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$4.40 HOURS WORKED	\$5.59 HOURS WORKED	\$3.30 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$4.40 HOURS WORKED	\$5.59 HOURS WORKED	\$3.30 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:		TOTAL BASE PAY* FROM COLUMN C:	
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$8.97	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$4.00	HOURS PAID COLUMN B			
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INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T	\$0.05	HOURS WORKED COLUMN A			
TOTAL AMOUNT DUE:					

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Detroit, MI 48278-0015

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- Explain adjustments on reverse side and attach variance notice, if applicable.

IMPORTANT

**FEDERAL LAW REQUIRES EACH EMPLOYER
TO FURNISH THE FOLLOWING INFORMATION**

If no men were employed during the month please complete:

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Inactive this month |
| <input type="checkbox"/> | No longer working in area |
| <input type="checkbox"/> | Final Report - give reason |

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SIGNATURE

BAC LOCAL #2 <u>Journeyman Special Shift</u> CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY				FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT	
BAC LOCAL #2 CONTRACTOR'S NAME		WORK MONTH			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B	COLUMN C
			HOURS WORKED	HOURS PAID	TOTAL BASE PAY
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LAST	INITIALS				
ENTER TOTAL HOURS WORKED, HOURS PAID AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:			

ALL CONTRIBUTIONS ARE DUE
BY THE 15TH OF THE MONTH
FOLLOWING THE MONTH
WORKED

BAC LOCAL #2
Foreman First Shift
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY

COMMERCIAL FOREMAN 1ST SHIFT
REV. 06/24
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR		REQUEST FOR FORMS
ADDRESS		TELEPHONE	FORM COMMERCIAL <input type="checkbox"/>		
			Report All Weekly Payroll Periods Ending In The above Month		NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE			

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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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SIGNATURE

BAC LOCAL #2 Foreman First Shift CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY				FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT	
BAC LOCAL #2 CONTRACTOR'S NAME		WORK MONTH			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B	COLUMN C
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ENTER TOTAL HOURS WORKED, HOURS PAID AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:			

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BY THE 15TH OF THE MONTH
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WORKED

BAC LOCAL #2
Foreman Special Shift
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY

COMMERCIAL FOREMAN SPECIAL SHIFT
REV. 06/24
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	
ADDRESS		TELEPHONE	REQUEST FOR FORMS FORM COMMERCIAL <input type="checkbox"/>	
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	A1	CAM Contractors - Construction Association of Michigan	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$4.00 HOURS WORKED	\$5.59 HOURS WORKED	\$3.41 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED
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TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:	TOTAL BASE PAY* FROM COLUMN C:
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- | | |
|--------------------------|----------------------------|
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SIGNATURE

BAC LOCAL #2 Foreman Special Shift CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY				FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT	
BAC LOCAL #2 CONTRACTOR'S NAME		WORK MONTH			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B	COLUMN C
			HOURS WORKED	HOURS PAID	TOTAL BASE PAY
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LAST	INITIALS				
ENTER TOTAL HOURS WORKED, HOURS PAID AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:			

ALL CONTRIBUTIONS ARE DUE
BY THE 15TH OF THE MONTH
FOLLOWING THE MONTH
WORKED

**BAC LOCAL #2 APPRENTICE
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY**

FORM APPRENTICE
REV 06/24
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM APPRENTICE <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

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	A1	CAM Contractors - Construction Association of Michigan	Jun-24	\$8.97 HOURS WORKED	VARIES HOURS PAID	25.38% BASE PAY	VARIES HOURS WORKED	\$1.21 HOURS WORKED	VARIES HOURS PAID	\$15 HOURS WORKED	\$05 HOURS WORKED
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TOTAL HOURS WORKED FROM COLUMN A:			TOTAL HOURS PAID FROM COLUMN B:			TOTAL BASE PAY* FROM COLUMN C:		
FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL		ADJUSTMENTS		AMOUNT DUE	
HEALTH and WELFARE	\$8.97	HOURS WORKED COLUMN A	\$		\$		\$	
VACATION	VARIES	TOTAL OF VACATION COLUMN ON PAGE 2						
PENSION	25.38%	BASE PAY COLUMN B						
ANNUITY	VARIES	TOTAL OF ANNUITY COLUMN ON PAGE 2						
INTERNAT'L PENSION	\$1.21	HOURS WORKED COLUMN A						
WORKING DUES	VARIES	TOTAL OF DUES COLUMN ON PAGE 2						
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A						
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A						
TOTAL AMOUNT DUE:								

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SIGNATURE

BAC LOCAL #2 <u>Apprentice</u> CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY							FORM APPRENTICE- EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT					
BAC LOCAL #2 CONTRACTOR'S NAME				WORK MONTH								
0				Jan-00								
EMPLOYEE'S NAME			SOCIAL SECURITY NUMBER	ANNUITY RATE	WORKING DUES RATE	VACATION RATE	COLUMN A HOURS WORKED	COLUMN B HOURS PAID	ANNUITY	WORKING DUES	VACATION	COLUMN C
												TOTAL BASE PAY Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Annuity, International Pension, Working Dues, Industry Advancement or
LAST	INITIALS											
ENTER TOTAL HOURS WORKED, ANNUITY AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED				TOTALS:								

CEMENT MASON APPRENTICE ANNUITY, WORKING DUES & VACATION RATES			
ANNUITY IS CALCULATED USING HOURS WORKED AND WORKING DUES AND VACATION ARE CALCULATED USING HOURS PAID INSERT THE AMOUNT OF ANNUITY ON THE EMPLOYEE DETAIL PAGE UNDER THE HEADING "ANNUITY"			
	Annuity-Hours Worked	Working Dues-Hours Paid	Vacation-Hours Paid
1st 6 mos. (70%)	\$1.29	\$2.15	\$2.80
2nd 6 mos. (75%)	\$1.38	\$2.27	\$3.00
3rd 6 mos. (80%)	\$1.47	\$2.39	\$3.20
4th 6 mos. (85%)	\$1.56	\$2.51	\$3.40
5th 6 mos. (90%)	\$1.66	\$2.63	\$3.60
6th 6 mos. (95%)	\$1.75	\$2.75	\$3.80
ANNUITY, WORKING DUES & VACATION CONTRIBUTIONS ARE PAID AT THE ABOVE RATES			

ALL CONTRIBUTIONS ARE DUE
BY THE 15TH OF THE MONTH
FOLLOWING THE MONTH
WORKED

BAC LOCAL #2
Journeyman First Shift
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR COUNTY

ST. CLAIR CNTY 1ST SHIFT JOURNEYMAN
REV. 06/24
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	
ADDRESS		TELEPHONE	REQUEST FOR FORMS FORM COMMERCIAL <input type="checkbox"/>	
CITY AND STATE	ZIP	REPORT DATE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>

PLEASE INDICATED THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY **PLACING A MARK BEFORE THE APPROPRIATE SECTION**. THEN INSERT THE FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED AT THE BOTTOM OF THIS FORM.

Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Appr.	IMI	Working Dues	Industry Advmt.	M.U.S.T
	A	AGC Contractors - Associated General Contractors of Michigan	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$2.89 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$2.89 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$2.89 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:	TOTAL BASE PAY* FROM COLUMN C:
-----------------------------------	---------------------------------	--------------------------------

FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$8.97	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$0.97	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$1.62	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.21	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.40	HOURS WORKED COLUMN A			
IMI	\$0.59	HOURS WORKED COLUMN A			
WORKING DUES	\$2.89	HOURS PAID COLUMN B			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T	\$0.05	HOURS WORKED COLUMN A			

TOTAL AMOUNT DUE:

*Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, PPA, Working Dues, Industry Advancement or M.U.S.T. contributions.

INSTRUCTIONS

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Chase Bank
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Detroit, MI 48278-0015

- If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.

- Explain adjustments on reverse side and attach variance notice, if applicable.

IMPORTANT

**FEDERAL LAW REQUIRES EACH EMPLOYER
TO FURNISH THE FOLLOWING INFORMATION**

If no men were employed during the month please complete:

<input type="checkbox"/>	Inactive this month
<input type="checkbox"/>	No longer working in area
<input type="checkbox"/>	Final Report - give reason

By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.

SIGNATURE

BAC LOCAL #2 Journeyman First Shift CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY				FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT	
BAC LOCAL #2 CONTRACTOR'S NAME		WORK MONTH			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B	COLUMN C
			HOURS WORKED	HOURS PAID	TOTAL BASE PAY
					Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.
LAST	INITIALS				
ENTER TOTAL HOURS WORKED, HOURS PAID AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:			

ALL CONTRIBUTIONS ARE DUE
BY THE 15TH OF THE MONTH
FOLLOWING THE MONTH
WORKED

BAC LOCAL #2
Journeyman Special Shift
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR COUNTY

COMMERCIAL SPECIAL SHIFT JOURNEYMAN
REV. 06/24
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS
ADDRESS		TELEPHONE	FORM COMMERCIAL <input type="checkbox"/>	
CITY AND STATE	ZIP	REPORT DATE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>

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	A1	CAM Contractors - Construction Association of Michigan	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.14 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.14 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:		TOTAL BASE PAY* FROM COLUMN C:	
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$8.97	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$0.97	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$1.62	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.21	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.40	HOURS WORKED COLUMN A			
IMI	\$0.59	HOURS WORKED COLUMN A			
WORKING DUES	\$3.14	HOURS PAID COLUMN B			
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IMPORTANT

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<input type="checkbox"/>	Inactive this month
<input type="checkbox"/>	No longer working in area
<input type="checkbox"/>	Final Report - give reason

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SIGNATURE

BAC LOCAL #2 Journeyman Special Shift CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY				FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT	
BAC LOCAL #2 CONTRACTOR'S NAME		WORK MONTH			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B	COLUMN C
			HOURS WORKED	HOURS PAID	TOTAL BASE PAY
					Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.
LAST	INITIALS				
ENTER TOTAL HOURS WORKED, HOURS PAID AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:			

ALL CONTRIBUTIONS ARE DUE
BY THE 15TH OF THE MONTH
FOLLOWING THE MONTH
WORKED

BAC LOCAL #2
Foreman First Shift
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR COUNTY

ST CLAIR FOREMAN 1ST SHIFT
REV. 06/24
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR		REQUEST FOR FORMS
ADDRESS		TELEPHONE	FORM COMMERCIAL <input type="checkbox"/>		
			Report All Weekly Payroll Periods Ending In The above Month		
CITY AND STATE	ZIP	REPORT DATE			

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Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Appr.	IMI	Working Dues	Industry Advmt.	M.U.S.T
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	A1	CAM Contractors - Construction Association of Michigan	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$2.99 HOURS PAID	\$1.15 HOURS WORKED	\$.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$2.99 HOURS PAID	\$1.15 HOURS WORKED	\$.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:		TOTAL BASE PAY* FROM COLUMN C:	
-----------------------------------	--	---------------------------------	--	--------------------------------	--

FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$8.97	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$0.97	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
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M.U.S.T	\$0.05	HOURS WORKED COLUMN A			

TOTAL AMOUNT DUE:

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IMPORTANT

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If no men were employed during the month please complete:

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Inactive this month |
| <input type="checkbox"/> | No longer working in area |
| <input type="checkbox"/> | Final Report - give reason |

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SIGNATURE

BAC LOCAL #2 Foreman First Shift CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY				FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT	
BAC LOCAL #2 CONTRACTOR'S NAME		WORK MONTH			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B	COLUMN C
			HOURS WORKED	HOURS PAID	TOTAL BASE PAY
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LAST	INITIALS				
ENTER TOTAL HOURS WORKED, HOURS PAID AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:			

ALL CONTRIBUTIONS ARE DUE
BY THE 15TH OF THE MONTH
FOLLOWING THE MONTH
WORKED

BAC LOCAL #2
Foreman Special Shift
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR COUNTY

ST CLAIR FOREMAN SPECIAL SHIFT
REV. 06/24
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	
ADDRESS	TELEPHONE	REQUEST FOR FORMS FORM COMMERCIAL <input type="checkbox"/>	
CITY AND STATE	ZIP	REPORT DATE	Report All Weekly Payroll Periods Ending In The above Month
			NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>

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Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Appr.	IMI	Working Dues	Industry Advmt.	M.U.S.T
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TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:		TOTAL BASE PAY* FROM COLUMN C:	
FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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VACATION	\$0.97	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$1.62	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.21	HOURS WORKED COLUMN A			
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IMI	\$0.59	HOURS WORKED COLUMN A			
WORKING DUES	\$3.25	HOURS PAID COLUMN B			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T	\$0.05	HOURS WORKED COLUMN A			

TOTAL AMOUNT DUE:

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If no men were employed during the month please complete:

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SIGNATURE

BAC LOCAL #2 Foreman Special Shift CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY				FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT	
BAC LOCAL #2 CONTRACTOR'S NAME		WORK MONTH			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B	COLUMN C
			HOURS WORKED	HOURS PAID	TOTAL BASE PAY
Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.					
LAST	INITIALS				
ENTER TOTAL HOURS WORKED, HOURS PAID AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:			

ALL CONTRIBUTIONS ARE DUE
BY THE 15TH OF THE MONTH
FOLLOWING THE MONTH
WORKED

**BAC LOCAL #2 APPRENTICE
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR COUNTY**

FORM APPRENTICE
REV 06/24
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS
ADDRESS		TELEPHONE		FORM APPRENTICE <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>

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Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Working Dues	Industry Advt.	M.U.S.T.
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	A1	CAM Contractors - Construction Association of Michigan	Jun-24	\$8.97 HOURS WORKED	VARIES HOURS PAID	25.38% BASE PAY	VARIES HOURS WORKED	\$1.21 HOURS WORKED	VARIES HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED
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TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:		TOTAL BASE PAY* FROM COLUMN C:	
--------------------------------------	--	------------------------------------	--	-----------------------------------	--

FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$8.97	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	VARIES	TOTAL OF VACATION COLUMN ON PAGE 2			
PENSION	25.38%	BASE PAY COLUMN B			
ANNUITY	VARIES	TOTAL OF ANNUITY COLUMN ON PAGE 2			
INTERNAT'L PENSION	\$1.21	HOURS WORKED COLUMN A			
WORKING DUES	VARIES	TOTAL OF DUES COLUMN ON PAGE 2			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			

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