

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. 06/23
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-23	\$8.81 HOURS WORKED	\$3.55 HOURS PAID	\$9.04 HOURS PAID	\$1.81 HOURS WORKED	\$1.21 HOURS WORKED	\$4.00 HOURS WORKED	\$2.25 HOURS WORKED	\$2.83 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$8.81 HOURS WORKED	\$3.55 HOURS PAID	\$9.04 HOURS PAID	\$1.81 HOURS WORKED	\$1.21 HOURS WORKED	\$4.00 HOURS WORKED	\$2.25 HOURS WORKED	\$2.83 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-23	\$8.81 HOURS WORKED	\$3.55 HOURS PAID	\$9.04 HOURS PAID	\$1.81 HOURS WORKED	\$1.21 HOURS WORKED	\$4.00 HOURS WORKED	\$2.25 HOURS WORKED	\$2.83 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	\$8.81	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$3.55	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$1.81	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.21	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.40	HOURS WORKED COLUMN A			
IMI	\$0.25	HOURS WORKED COLUMN A			
WORKING DUES	\$2.83	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.

<p>INSTRUCTIONS</p> <p>1 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:</p> <p align="center">Chase Bank Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p align="center">IMPORTANT</p> <p align="center">FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</p> <p>If no men were employed during the month please complete:</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Inactive this month</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No longer working in area</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final Report - give reason</td> </tr> </table>	<input type="checkbox"/>	Inactive this month	<input type="checkbox"/>	No longer working in area	<input type="checkbox"/>	Final Report - give reason	<p>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.</p> <p align="right">_____ SIGNATURE</p>
<input type="checkbox"/>	Inactive this month							
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**BAC LOCAL #2
Journeyman Special Shift
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY**

COMMERCIAL SPECIAL SHIFT JOURNEYMAN
REV. 06/23
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <input type="checkbox"/>
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CITY AND STATE	ZIP	REPORT DATE	Report All Weekly Payroll Periods Ending In The above Month
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	A	AGC Contractors - Associated General Contractors of Michigan	Jun-23	\$8.81 HOURS WORKED	\$3.55 HOURS PAID	\$9.04 HOURS PAID	\$1.81 HOURS WORKED	\$1.21 HOURS WORKED	\$4.40 HOURS WORKED	\$2.25 HOURS WORKED	\$3.06 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$8.81 HOURS WORKED	\$3.55 HOURS PAID	\$9.04 HOURS PAID	\$1.81 HOURS WORKED	\$1.21 HOURS WORKED	\$4.40 HOURS WORKED	\$2.25 HOURS WORKED	\$3.06 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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APPRENTICESHIP	\$0.40	HOURS WORKED COLUMN A			
IMI	\$0.25	HOURS WORKED COLUMN A			
WORKING DUES	\$3.06	HOURS PAID COLUMN B			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T	\$0.05	HOURS WORKED COLUMN A			
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**BAC LOCAL #2 Journeyman 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
TOTAL BASE PAY

HOURS
WORKED

HOURS
PAID

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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. 06/23
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM COMMERCIAL <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-23	\$8.81 HOURS WORKED	\$3.55 HOURS PAID	\$9.04 HOURS PAID	\$1.81 HOURS WORKED	\$1.21 HOURS WORKED	\$4.00 HOURS WORKED	\$0.25 HOURS WORKED	\$2.93 HOURS PAID	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
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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
<input type="checkbox"/>	
<input type="checkbox"/>	

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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

HOURS
WORKED

COLUMN B

HOURS
PAID

COLUMN C

TOTAL BASE PAY

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LAST

INITIALS

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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
DETROIT and VICINITY**

COMMERCIAL FOREMAN SPECIAL SHIFT
REV. 06/23
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
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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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IMI	\$0.25	HOURS WORKED COLUMN A			
WORKING DUES	\$3.17	HOURS PAID COLUMN B			
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	Final Report - give reason							

**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
TOTAL BASE PAY

HOURS
WORKED

HOURS
PAID

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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 06/23
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"/>
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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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VACATION	10.50%	BASE PAY COLUMN B			
PENSION	25.98%	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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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. 06/23
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS
ADDRESS	TELEPHONE	FORM COMMERCIAL <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
	A	AGC Contractors - Associated General Contractors of Michigan	Jun-23	\$8.81 HOURS WORKED	\$.52 HOURS PAID	\$9.04 HOURS PAID	\$1.59 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.25 HOURS WORKED	\$2.68 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$8.81 HOURS WORKED	\$.52 HOURS PAID	\$9.04 HOURS PAID	\$1.59 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.25 HOURS WORKED	\$2.68 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-23	\$8.81 HOURS WORKED	\$.52 HOURS PAID	\$9.04 HOURS PAID	\$1.59 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.25 HOURS WORKED	\$2.68 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	\$8.81	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$0.52	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$1.59	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.21	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.40	HOURS WORKED COLUMN A			
IMI	\$0.25	HOURS WORKED COLUMN A			
WORKING DUES	\$2.68	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
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:

- Inactive this month
- No longer working in area
- 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
TOTAL BASE PAY

HOURS
WORKED

HOURS
PAID

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. 06/23
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM COMMERCIAL <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			

PLEASE INDICATE 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-23	\$8.81 HOURS WORKED	\$5.52 HOURS PAID	\$9.04 HOURS PAID	\$1.59 HOURS WORKED	\$1.21 HOURS WORKED	\$4.00 HOURS WORKED	\$2.25 HOURS WORKED	\$2.91 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$8.81 HOURS WORKED	\$5.52 HOURS PAID	\$9.04 HOURS PAID	\$1.59 HOURS WORKED	\$1.21 HOURS WORKED	\$4.00 HOURS WORKED	\$2.25 HOURS WORKED	\$2.91 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-23	\$8.81 HOURS WORKED	\$5.52 HOURS PAID	\$9.04 HOURS PAID	\$1.59 HOURS WORKED	\$1.21 HOURS WORKED	\$4.00 HOURS WORKED	\$2.25 HOURS WORKED	\$2.91 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:
-----------------------------------	---------------------------------	--------------------------------

FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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VACATION	\$0.52	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$1.59	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.21	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.40	HOURS WORKED COLUMN A			
IMI	\$0.25	HOURS WORKED COLUMN A			
WORKING DUES	\$2.91	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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IMPORTANT

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If no men were employed during the month please complete:

- Inactive this month
- No longer working in area
- 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
TOTAL BASE PAY

HOURS
WORKED

HOURS
PAID

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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
ST. CLAIR COUNTY**

ST CLAIR FOREMAN 1ST SHIFT
REV. 06/23
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 month NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>

PLEASE INDICATE 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-23	\$8.81 HOURS WORKED	\$5.52 HOURS PAID	\$9.04 HOURS PAID	\$1.59 HOURS WORKED	\$1.21 HOURS WORKED	\$4.40 HOURS WORKED	\$2.25 HOURS WORKED	\$2.77 HOURS PAID	\$1.15 HOURS WORKED	\$0.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-23	\$8.81 HOURS WORKED	\$5.52 HOURS PAID	\$9.04 HOURS PAID	\$1.59 HOURS WORKED	\$1.21 HOURS WORKED	\$4.40 HOURS WORKED	\$2.25 HOURS WORKED	\$2.77 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
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VACATION	\$0.52	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$1.59	HOURS WORKED COLUMN A			
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IMI	\$0.25	HOURS WORKED COLUMN A			
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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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<p>INSTRUCTIONS</p> <p>1 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:</p> <p align="center">Chase Bank Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p>IMPORTANT</p> <p>FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</p> <p>If no men were employed during the month please complete:</p> <table style="width:100%; border: none;"> <tr> <td style="width:20px; border: 1px solid black;"><input type="checkbox"/></td> <td>Inactive this month</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td>No longer working in area</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td>Final Report - give reason</td> </tr> </table>	<input type="checkbox"/>	Inactive this month	<input type="checkbox"/>	No longer working in area	<input type="checkbox"/>	Final Report - give reason	<p>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.</p> <p style="text-align: right;">_____ SIGNATURE</p>
<input type="checkbox"/>	Inactive this month							
<input type="checkbox"/>	No longer working in area							
<input type="checkbox"/>	Final Report - give reason							

**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
TOTAL BASE PAY

HOURS
WORKED

HOURS
PAID

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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. 06/23
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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	A	AGC Contractors - Associated General Contractors of Michigan	Jun-23	\$8.81 HOURS WORKED	\$0.52 HOURS PAID	\$9.04 HOURS PAID	\$1.59 HOURS WORKED	\$1.21 HOURS WORKED	\$0.40 HOURS WORKED	\$0.25 HOURS WORKED	\$3.02 HOURS PAID	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$8.81 HOURS WORKED	\$0.52 HOURS PAID	\$9.04 HOURS PAID	\$1.59 HOURS WORKED	\$1.21 HOURS WORKED	\$0.40 HOURS WORKED	\$0.25 HOURS WORKED	\$3.02 HOURS PAID	\$0.15 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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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$8.81	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$0.52	HOURS PAID COLUMN B			
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APPRENTICESHIP	\$0.40	HOURS WORKED COLUMN A			
IMI	\$0.25	HOURS WORKED COLUMN A			
WORKING DUES	\$3.02	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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<input type="checkbox"/>	Inactive this month
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<input type="checkbox"/>	Final Report - give reason
<input type="checkbox"/>	
<input type="checkbox"/>	

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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

COLUMN A

COLUMN B

COLUMN C

EMPLOYEE'S NAME

SOCIAL
SECURITY
NUMBER

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
ST. CLAIR COUNTY**

FORM APPRENTICE
REV 06/23
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-23	\$8.81 HOURS WORKED	\$52 HOURS PAID	25.98% BASE PAY	VARIES HOURS WORKED	\$1.21 HOURS WORKED	VARIES HOURS PAID	\$15 HOURS WORKED	\$05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-23	\$8.81 HOURS WORKED	\$52 HOURS PAID	25.98% BASE PAY	VARIES HOURS WORKED	\$1.21 HOURS WORKED	VARIES 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	\$8.81	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$0.52	HOURS PAID COLUMN B			
PENSION	25.98%	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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BAC LOCAL #2 <u>Apprentice</u> CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY					FORM APPRENTICE- EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT						
BAC LOCAL #2 CONTRACTOR'S NAME			WORK MONTH								
EMPLOYEE'S NAME				SOCIAL SECURITY NUMBER	WORKING DUES RATE	ANNUITY RATE	COLUMN A HOURS WORKED	COLUMN B HOURS PAID	ANNUITY	DUES	COLUMN C TOTAL BASE PAY <small>Base Pay shall include total 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 M.U.S.T. contributions.</small>
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 RATES		
ANNUITY IS CALCULATED USING HOURS WORKED AND WORKING DUES IS 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
1st 6 mos. (70%)	\$0.97	\$2.00
2nd 6 mos. (75%)	\$1.03	\$2.10
3rd 6 mos. (80%)	\$1.14	\$2.21
4th 6 mos. (85%)	\$1.24	\$2.32
5th 6 mos. (90%)	\$1.31	\$2.43
6th 6 mos. (95%)	\$1.43	\$2.54
ANNUITY & WORKING DUES CONTRIBUTIONS ARE PAID AT THE ABOVE RATES		

