Code No. _____

JOURNEYMEN
IRON WORKERS LOCAL No. 597 ESCROW ACCOUNT

Contractor _____

Address _____

_____ Zip Code _____

Telephone _____ Ident. No. _____

Job and Location _____

Report for Month Ending _____

FOR OFFICIAL USE ONLY

Name Last First Init.	Social Security Number	Total Hours Worked (Including Overtime)	Gross Taxable Wages	Working Assessment Deduction
			$	$
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN	TOTALS		$	$

Make check payable and mail with original and 1 copy of this report to:
IRON WORKERS LOCAL No. 597 ESCROW ACCOUNT
P.O. Box 918754, Orlando, Florida 32891-8754

Contribution Schedule
Effective 1st Full
Pay period in January 2013

1. Pension Plan	@ $ 3.65 per hr.	
2. JAC Fund	@ $ 0.45 per hr.	
2. IMPACT	@ $ 0.17 per hr.	
Total Hours_____	**@ $ 4.27 per hr.**	$ _____
3. District Council Fund	@ $ 0.02 per hr.	$ _____
4. IPAL	@ $ 0.05 per hr	$ _____
5. Target organization Fund	@ $ 0.20 per hr.	$ _____
* Total Working Assessment	@ 4% of $_____ Gross Wages	$ _____
Total Remitted Herewith		$ _____

* The full Working Assessment and Southeastern Iron Workers District Council contributions shall be withheld after Income Tax and Social Security Payments have been made on the Employee's Gross Wages.

Your check should reach the Escrow Account by the 15th of the month following the month covered by this report

☐ If you need more forms, please check box and enter number of sets needed.

☐ Please check here if you employed no men during this payroll period and submit this report.

☐ Final Report.

CAUTION. READ BEFORE SIGNING

The undersigned employer, by signing this form, acknowledges the above is true and correct and that he or it is bound to all terms and provisions of the current collective bargaining agreement in existence as negotiated by the undersigned individual firms and corporations engaged in the general contracting business and Iron Workers L.U. 597 of the International Association of the Bridge, Structural and Ornamental Iron Workers. Any false statement or representation made in reporting on this form may subject you to prosecution under 18 U.S.C 1027, the penalty for which is a fine of $10,000 or imprisonment of five years or both.

Authorized Signature _____

REPORT TO BE MAILED MONTHLY
EMPLOYER: RETAIN LAST COPY FOR YOURSELF