



TEAMSTERS LOCAL 560  
 BENEFIT FUNDS  
 PO BOX 8037  
 SUMMIT AVENUE STATION  
 UNION CITY, NEW JERSEY 07087-1737



# EMPLOYER REMITTANCE REPORT

**REPORTING CODES**  
 ENTER APPROPRIATE REPORTING CODE IN THE WEEKLY  
 COLUMN NEXT TO OR IN LIEU OF HOURS REPORTED

T=TERMINATED L=LAIDOFF Q=QUIT C=CASUAL  
 S=SICK D=DISABILITY V=VACATION R=RETIRE  
 LA=LEAVE OF ABSENCE TR=TRANSFERRED  
 RT=RESTORE/RETURN WC=WORKMANS COMP.

EMPLOYER

EMPLOYER NO.

REPORT FOR PERIOD:

PAGE

OF

THIS REPORT COVERS MEMBERS OF:

WEEK ENDED

SOCIAL SECURITY NO.	NAME OF EMPLOYEE	DATE OF BIRTH	DATE OF HIRE	HOURS WORKED IN PERIOD					TOTAL HOURS	REMARKS
				1ST WEEK	2ND WEEK	3RD WEEK	4TH WEEK	5TH WEEK		
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									
	13									
	14									
	15									
	16									
	17									
	18									
	19									
	20									
<b>WEEKLY TOTALS</b>										

This Employer, through its authorized representative for the purpose of submitting same and whose signature appears below, hereby certifies to the Trustees of the Welfare and Pension Funds, that each and every person whose name is set forth above and for whom contributions are being made is an employee of this Employer and covered by a written collective bargaining agreement between this Employer and the Local Union, for the period of time for which the contributions are being made. None of the employees listed above is an owner or part owner of this company, or employed as a supervisor in a managerial capacity. The employees listed above are the only employees for whom the Employer is required to make contribution to the Fund. Contributions are due ten days after the close of the month.

MAKE 1 CHECK PAYABLE TO

DATE OF CHECK

CHECK NO.

INPUT

BY \_\_\_\_\_

DATE \_\_\_\_\_

AUTHORIZED SIGNATURE

DATE

PENSION RATE	\$ _____ x _____					= _____	TOTAL PENSION AMOUNT
WELFARE RATE	\$ _____ x _____					= _____	TOTAL WELFARE AMOUNT
ANNUITY RATE	\$ _____ x _____					= _____	TOTAL ANNUITY AMOUNT
CCETF RATE	\$ _____ x _____					= _____	TOTAL CCETF AMOUNT
<b>TOTAL PW&amp;A RATE</b>	<b>\$ _____ x _____</b>					<b>= _____</b>	<b>TOTAL REMITTANCE AMOUNT</b>

← FILL IN GRAND TOTAL ONLY FOR FINAL REPORT OF PERIOD

**RETURN COPIES 1 & 2 WITH YOUR REMITTANCE**