

OUTSTATE MICHIGAN TROWEL TRADES FRINGE BENEFIT FUNDS

Instruction for Completing Contribution Reporting Form

The Trustees of the Outstate Michigan Trowel Trades Fringe Benefit Funds are pleased to provide you with these new Employer Contribution Reporting Forms. These forms can be used to replace the forms that you previously used when remitting contributions.

The forms are provided in Microsoft Excel format which you can use to enter all employer information, then program the document to do all of the appropriate calculations automatically. You can then print the form and mail it to the Funds with your payment. The forms are also provided in a view only format so that you can view and print the forms if you do not have Excel. You must have Adobe Acrobat version 6.0 or later to use the view only function. The forms list the current correct rates for the applicable types of work in effect at the time the forms were created. If you use these forms, it is your responsibility to verify the proper rates and make changes when appropriate.

The Excel file had 3 different "tabs." Please make sure you are opening and using the correct form for the type of work being performed. If you have more employees than will fit on the first page of the form, use the tab for additional employees. If you remit contributions for more than type of work, you will need to prepare separate forms for each jurisdiction.

EMPLOYER INFORMATION

Enter the Employer name, address, work month, local union, section and all other information listed at the top of the form.

EMPLOYEE DETAIL

Fill out each column completely. If your payroll system is capable of generating a print out which shows **all** of the required information, it is not necessary for you to complete the Employee Section. Fill in all of the other information and then attach your printout showing the employee detail.

If an employee performs more than one type of work or works within the jurisdiction of more than one local union, you must complete separate forms. If you had no work, mark the appropriate section.

FRINGE BENEFIT CALCULATIONS

Transfer the total hours into the appropriate boxes under the column heading Multiplier. Using the appropriate rates for each Fund, multiply by the number of hours reported and the base pay by the rates to determine the amount of your required fringe benefit contributions. Sign the form and print the title of the person who prepared the report.

PAYMENT

Add all amounts shown and issue a check payable to the Outstate Michigan Trowel Trades Fringe Benefit Funds. Make two copies of the report. Mail the original along with your check for payment of the full amount due to:

Outstate Michigan Trowel Trades'
Fringe Benefit Funds
Department 77761
P.O. Box 77000
Detroit, MI 48277-0761

Mail one copy to the Local Union in which the work was performed. Retain the other copy for your records.

The report and payment must be mailed to reach the Funds no later than fifteen (15) calendar days following the end of each month. Late Payments may be subject to penalties or late payment assessments in accordance with the policies established by the various Boards of Trustees for each Fund.

QUESTIONS

If you have any questions, you may contact your Local Union or the following:

Outstate Michigan Trowel Trades
Fringe Benefit Funds
TIC International Corp.
6525 Centurion Drive
Lansing, MI 48917

Phone (517) 321-7502 Fax (517) 321-7508
Toll Free 1-877-876-9357