



**CARPENTERS TRUSTS**  
of Western Washington  
**Employer Remittance Report**

EMPLOYER'S NAME AND ADDRESS

{EMPLOYER NAME}  
{ADDRESS 1}  
{ADDRESS 2}  
{ADDRESS 3}

COMPANY ID

{COMPANY ID}

AGREEMENT ID

{AGREEMENT CODE}

BE SURE HOURS REPORTED ARE FOR THE MONTH SHOWN.  
THIS REPORT IS DUE ON THE 15TH OF THE MONTH FOLLOWING THE MONTH SHOWN.

{MONTH}	{YEAR}
MONTH	YEAR
PERIOD COVERED	

LOCATION ID

{LOCATION ID}

CONTRACT ID

{CONTRACT CODE}

REMITTANCE ID

{REF #}

MAIL ORIGINAL WITH **UNCONDITIONAL** REMITTANCE TO:  
**CTWW-EMPLOYEE BENEFITS**  
**PO BOX 94512, SEATTLE WA 98124-6812**

LOCATION  
{LOCATION COMMENT}

Employee Name		Birthdate MM/DD/YY	Social Security Number	Hours Worked	Dollars		Hours (If Different From Hours Worked)						
Last	First						H&S						

**CHECK ALL THAT APPLY:**

No Work To Report       Owner Hours Only/No Employees

Job Complete       Inactivate Until Further Notice

The undersigned Employer agrees to be bound to the Trust Agreements creating and controlling the Fringe Benefits listed and make contributions to said Trust Funds as required by the current Labor Agreement providing for said Trusts and further the enclosed contributions are to be credited to the accounts of the above listed employees for the indicated Trusts' purposes.

**I CERTIFY THIS INFORMATION IN THIS REPORT AS TRUE AND CORRECT.**

SIGNATURE \_\_\_\_\_

PRINTED \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

TOTAL HOURS	RATE	TOTAL DOLLARS
<b>H&amp;S</b>		\$0.00
<b>DAVISB</b>		-
<b>GRAND TOTAL</b>		<b>\$0.00</b>