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}
LOCATION ID
{LOCATION ID}
REMITTANCE ID
{REF #}

AGREEMENT ID
{AGREEMENT CODE}
CONTRACT ID
{CONTRACT 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	

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

LOCATION
{LOCATION COMMENT}

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

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
H&S	0.00		$0.00
DAVISB		-	-
		GRAND TOTAL	$0.00

PLEASE MAKE CHECKS PAYABLE TO: CARPENTERS TRUSTS

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