

**EMPLOYER'S CONTRIBUTION REPORT (ECR)**

**NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS (NCPTTF) FOR UA LOCAL 342**

ABC COMPANY

Phone 925/356-8921 • Fax 925/356-8938

Association: NCMCA (N CA MECHANICAL CONTRACTORS ASSOCIATION)

tfo@ncpttf.com • www.ncpttf.com

(1) Job Class: MLA N/I FITTER JOURNEYMAN

RT: 02440  
REPT #: ADDTL  
ER #: 23456

EMPLOYER CONTRIBUTIONS ARE DUE AND PAYABLE BY: 02/15/2024	AND ARE DELINQUENT IF RECEIVED AFTER THE 20 <sup>th</sup> : 02/20/2024	WORK MONTH: JANUARY 2024
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(2)											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

REPORTS HAVE NOT BEEN RECEIVED FOR THE WORK MONTHS INDICATED

Social Security Number (3)	Last Name (4)	Employee First Name (4)	Flat Rate Amount (5)	Straight Time Hours (6)	Time & 1/2 Hours (7)	Double Time Hours (8)	Full Fringe Hours (6)+(7)+(8) (9)	OT/DT Hours [0.5 x (7)] + (8) (10)	Full Fringe & OT/DT Hours (9) + (10) (11)	Full Fringes	
										Hourly Rate	Hourly Rate
<b>SAMPLE</b>										PENSION	14.50
										H/W	20.00
										TRAINING	2.60
										RET FUND	1.60
										401(a)	8.00
										CNTC ADMN	0.30
										HRA	0.75
										LM	0.05
										<b>Total Hourly Rate (19)</b>	<b>47.80</b>
										<b>Total Full Fringe (20) (16x19)</b>	
											Hourly Rate
										401(a)	8.00
										HRA	0.75
										Complete (21) and (22) only when reporting OT/DT	
										<b>Total Hourly Rate (21)</b>	<b>8.75</b>
										<b>Total (22) (17x21)</b>	
											Hourly Rate
<b>Total Hours Per Column</b>											
										<b>WORK DUES</b>	<b>2.87</b>
										<b>Total Hourly Rate (23)</b>	<b>2.87</b>
										<b>Total (24) (18x23)</b>	

**NOTICE: THIS REPORT MUST BE RETURNED IF YOU HAVE NO EMPLOYEES - WRITE "NONE", SIGN AND RETURN IN THE ENCLOSED ENVELOPE.**

The employer certifies under the penalty of perjury that the information contained herein is correct, that all hours worked or paid during the period covered are reported herein, and that if it has not already done so, agrees to be bound by all of the terms of UA Local 342's collective bargaining agreement(s) covering the type and kind of work the employer performs and which establishes the fringe benefit contribution rates set forth herein, and agrees to be bound by all of the terms of the trust agreements including the provisions therein for liquidated damages, attorneys fees and interest as required by section 302(C)(5)(B) of the National Labor Relations Act and ERISA and states that all payments reported herein are made in accordance with the collective bargaining agreement(s) and applicable trust agreements and that it authorizes the depository bank to transfer the monies remitted herewith to the appropriate funds in accordance with the instructions issued by the trustees thereof. The undersigned certifies under the penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such employer. (26)

Use Area Below to Compute Total Payments on this Page.	
Page Total (25) (12+20+22+24)	

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

(27) **SEE BACK OF ECR FOR INSTRUCTIONS ON COMPLETING THIS FORM AS WELL AS REPORT AND PAYMENT SUBMISSION**