THE EMPLOYEE PAINTERS' TRUST

P.O. Box 58830
Tukwila, WA 98138
(206) 518-9730
(844) 344-2721

Employer's Report of Contributions

EMPLOYER NAME & ADDRESS	REPORTING DATES		FOR ADMIN. USE ONLY	
Employer #:	For Work Performed During:		Postmark Date:	/
Name:	CBA:		Deposit Date:	_____/_____
Address:	Contribution Due:	Based On Your CBA	Check Number:	_____
	Delinquent If Received After:	Based On Your CBA	Check Amount:	_____
			Entered By:	_____

	EMPLOYEE NAME	SOCIAL SECURITY #	WORK CLASS	HOURS WORKED			Dues Withheld	Gross Wages	EE Wage Deferral
				HOURS	RATE	AMOUNT			
1									
2									
3									
4									
5									

EMPLOYER CERTIFICATION

Notice to Employer: By execution and/or submission of this form, Employer: (i) agrees to accept, be bound by and comply with all terms and provisions of the Labor and Trust Agreements establishing these Funds, including amendments thereto; and (ii) certifies that it is bound by and in compliance with the current Master Labor Agreement(s) governing the area(s) where Employer performs work.

☐ **No hours to report.**

TOTALS	Hours / Gross Wages / Dues	Rate Due	AMOUNT PAID
TOTAL HOURS WORKED:			
TOTAL GROSS WAGES:			
TOTAL EE DEFERRAL WAGES:			
Liquidated Damages / Interest:			
Prior Over/Under Payment			
Total ALL form(s) and issue check as indicated below:			

Remit form(s) and payment to bank:
IUPAT Western Benefit Funds
P.O. Box 24844
Seattle, WA 98124-0844

CERTIFYING SIGNATURE _____ PHONE NUMBER _____ EMAIL ADDRESS _____