

INTERNATIONAL BROTHERHOOD OF BOILERMAKERS

OHIO VALLEY REGION

RETIREE WELFARE PLAN TRUST FUND

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF
THE MONTH FOLLOWING MONTH WORKED

FORM 1418
REV. 1/11

EMPLOYERS' MONTHLY
FRINGE BENEFIT REPORT

EFFECTIVE
February 1, 2011

NAME OF COMPANY		CODE NO.		WORK MONTH		REQUEST FOR FORMS	
ADDRESS		TELEPHONE				FORM 1418 <input type="checkbox"/>	
CITY AND STATE		ZIP	REPORT DATE	Report All Weekly Payroll Periods Ending In The Above Month		JOB LOCATION	

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	STRAIGHT TIME HOURS IN MONTH	TIME & ONE HALF HOURS IN MONTH	DOUBLE TIME HOURS IN MONTH	TOTAL FUND CONTRIBUTIONS IN MONTH
LAST	INT					
		TOTAL THIS PAGE				
		TOTAL ALL PAGES				

INSTRUCTIONS

- Complete this report. Mail with your check to:
Intl Brotherhood of Boilermakers Ohio Valley Region
PO Box 413652
Kansas City, MO 64141-3652
- Please prepare a separate report for each jurisdiction. Please check the correct box.

<input type="checkbox"/> Local 40	<input type="checkbox"/> Local 105
<input type="checkbox"/> Local 667	
- Explain adjustments on reverse side. Attach variance notice if applicable.
- If payment is not made by 15th of month, liquidated damages will be assessed.
- Check if you need more forms. _____
No employees this month. _____
"FINAL" _____ No employees until further notice. Check reason:
 Business closed
 Business Sold
 Business Bankrupt
 No longer work in area
 No Obligation to contribute
 However, still working in area
 Other
- By filing this form the undersigned contractor agrees to be bound by the terms of payment to the trust funds as set forth in the current applicable collective bargaining and trust agreements.

SIGNATURE _____

CONTRIBUTION RATES		Multiplier	Amount	Adjustments	Total
RETIREE WELFARE	\$				

**REMITTANCE - MAKE CHECK PAYABLE TO:
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS OHIO VALLEY REGION RETIREE WELFARE PLAN**