

METROPOLITAN DETROIT LABORERS

IF NO LABORERS WERE EMPLOYED DURING THE MONTH CHECK HERE

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

FORM 1004
REMITTANCE REPORT
REV. 06/28/17
EMPLOYERS' MONTHLY
FRINGE BENEFIT REPORT

NAME OF COMPANY			CODE NO.	WORK MONTH	REQUEST FOR FORMS	
ADDRESS			TELEPHONE		FORM 1004 <input type="checkbox"/>	
CITY	STATE	ZIP	JOB SITE (COUNTY) OR UNION LOCAL NO.	Report All Weekly Payroll Periods Ending In The Above Month	IF FINAL REPORT CHECK HERE <input type="checkbox"/>	

AREA OF CONSTRUCTION AND FRINGE BENEFIT RATES

PLEASE INDICATE THE AREA OR KIND OF CONSTRUCTION BEING REPORTED IN THE SPACE PROVIDED. PLEASE MARK THE APPROPRIATE SECTION AND INSERT THE FRINGE BENEFIT CONTRIBUTION RATES IN THE SPACES PROVIDED IN THE REMITTANCE SECTION

CHECK SECTION	SECTION	AGREEMENT	EFFECTIVE DATES	FRINGE BENEFIT FUND RATES AND MULTIPLIER					
				HEALTH CARE	VACATION	PENSION	TRAINING	L.E.C.E.T.	INDUSTRY ADVANCEMENT
	A	GENERAL CONSTRUCTION WORK AGC of Michigan - Local 1076 & 1191	06-17	6.30 HOURS WORKED	3.50 HOURS PAID	10.00 HOURS PAID	0.45 HOURS WORKED	0.16 HOURS WORKED	0.17 HOURS WORKED
	A1	GENERAL CONSTRUCTION WORK Construction Association of Michigan (CAM)- Local 1076 & 1191	06-17	6.30 HOURS WORKED	3.50 HOURS PAID	10.00 HOURS PAID	0.45 HOURS WORKED	0.16 HOURS WORKED	0.17 HOURS WORKED
	B	ACCM - Associated Concrete Contractors of Michigan - COMMERCIAL	07-17	6.30 HOURS WORKED	3.50 HOURS PAID	10.00 HOURS PAID	0.45 HOURS WORKED	0.16 HOURS WORKED	0.15 HOURS WORKED
	C	MASONRY & GENERAL CONSTRUCTION CONTRACT - Mason Contractors Association, Inc. (Note Additional Fringes Below)*	07-17	6.30 HOURS WORKED	3.50 HOURS PAID	10.00 HOURS PAID	0.45 HOURS WORKED	0.16 HOURS WORKED	N/A
	D	OPEN CUT CONSTRUCTION IN THE COUNTIES OF OAKLAND, MACOMB AND WAYNE - MITA UNDERGROUND	09-17	6.30 HOURS WORKED	2.55 HOURS PAID	10.00 HOURS WORKED	0.45 HOURS WORKED	0.10 HOURS WORKED	0.10 HOURS WORKED
	E	Local 1076/1191 -- Individual Employer Poured Concrete Wall Agreement - COMMERCIAL	08-17	6.30 HOURS WORKED	3.50 HOURS PAID	10.00 HOURS PAID	0.45 HOURS WORKED	0.16 HOURS WORKED	0.15 HOURS WORKED
	E1	Local 1076/1191 -- Individual Employer Poured Concrete Wall Agreement - RESIDENTIAL	08-17	6.30 HOURS WORKED	2.50 HOURS PAID	10.00 HOURS PAID	0.45 HOURS WORKED	0.16 HOURS WORKED	0.15 HOURS WORKED
	W	HAZARDOUS WASTE ABATEMENT IN THE COUNTIES OF OAKLAND, MACOMB AND WAYNE	10-17	SEE LOCAL AGREEMENTS					
	P	WALL AND CEILING LABORERS Architectural Contractors Trade Association	06-17	6.30 HOURS WORKED	3.50 HOURS PAID	10.00 HOURS PAID	0.45 HOURS WORKED	0.16 HOURS WORKED	0.17 HOURS WORKED
	P1	WALL AND CEILING LABORERS Architectural Contractors Trade Association - WASHTENAW	06-17	6.30 HOURS WORKED	3.84 HOURS PAID	10.10 HOURS WORKED	0.45 HOURS WORKED	0.25 HOURS WORKED	0.17 HOURS WORKED

REMITTANCE		CONTRIBUTION RATES (SEE ABOVE)		MULTIPLIER		AMOUNT	ADJUSTMENTS	TOTAL	
FRINGE BENEFIT RATES				ENTER TOTAL HOURS FROM REVERSE SIDE					
HEALTH CARE		\$	-	X		\$ -		\$ -	
VACATION		\$	-	X		\$ -		\$ -	
PENSION		\$	-	X		\$ -		\$ -	
TRAINING		\$	-	X		\$ -		\$ -	
L.E.C.E.T.		\$	-	X		\$ -		\$ -	
INDUSTRY ADVANCEMENT		\$	-	X		\$ -		\$ -	
Sec. C O N L Y	Industry Steward	Hrs. Wk	X \$ 0.20	X		\$ -		\$ -	
	Masonry Promotion	Hrs. Wk	X \$ 0.11	X		\$ -		\$ -	
						\$ -		\$ -	
EXPLAIN ADJUSTMENTS ON SEPARATE SHEET, ATTACH VARIANCE NOTICE, IF APPLICABLE								Total	\$ -

Complete 4 copies of the Report. Retain 1 copy for your records.

Mail 3 copies to: **LABORERS' METROPOLITAN DETROIT FRINGE BENEFIT FUNDS**
Department 771202, P.O. Box 77000
Detroit, MI 48277-1202

DETROIT LABORERS' FRINGE BENEFIT FUNDS		FORM 1004 EMPLOYEE DETAIL REPORT FOR EMPLOYERS' MONTHLY FRINGE BENEFIT REPORT
CONTRACTOR'S NAME	WORK MONTH	

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS		VACATION AMOUNT	GROSS WAGES
LAST	INITIALS		WORKED	PAID		
TOTALS - THIS PAGE					\$ -	\$ -
TOTALS ALL PAGES - ENTER APPROPRIATE AMOUNTS IN MULTIPLIER ON REVERSE SIDE					\$ -	\$ -

INSTRUCTIONS

1. If you are performing work under more than one Contract as noted on the Monthly Remittance Report, a **separate report** must be filed for each agreement.
2. If payment is not made during the month when due, liquidated damages will be assessed in accordance with policies established by the Boards of Trustees of the Funds.

For information concerning Fringe Benefit Contributions contact:
DATA ENTRY DEPARTMENT
 FRINGE BENEFIT FUNDS
 6525 Centurion Drive
 Lansing, MI 48917-9275
 Telephone (517) 321-7502
 FAX (517) 321-7508

By filing this form the undersigned agrees to the terms of the current Collective Bargaining Agreement and Trust Agreement and agrees that the detailed basis upon which the payments are made is set out on the reverse side of this form.

SIGNATURE