

OUTSTATE MICHIGAN TROWEL TRADES

FRINGE BENEFIT FUNDS

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

FORM 1416
REMITTANCE REPORT
REV. 06/25
EMPLOYER'S MONTHLY
FRINGE BENEFIT REPORT

IF NO CEMENT MASONS
WERE EMPLOYED
DURING THE MONTH
CHECK
HERE

NAME OF COMPANY	CODE NO.	WORK MONTH	REQUEST FOR FORMS
ADDRESS	TELEPHONE		FORM 1416 <input type="checkbox"/>
CITY AND STATE	ZIP	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 OF CONSTRUCTION IN THE SPACE PROVIDED. PLEASE MARK THE APPROPRIATE SECTION AND INSERT THE FRINGE BENEFIT CONTRIBUTION RATES IN THE SPACES PROVIDED IN THE REMITTANCE SECTION

EFFECTIVE DATE: 6-1-2024

NOTE: INSTRUCTIONS ON REVERSE SIDE

CHECK SECTION	SECTION	AREA OF WORK	FRINGE BENEFIT FUND RATES AND MULTIPLIER									
			HEALTHCARE	PENSION	APPRENTICE	VACATION	DUES	BUILDING TRADES	MBTC DEFENSE FD	INTL APP TRAIN FUND	UPCC	CIAP
	D	BENTON HARBOR/ST. JOSEPH	7.70	7.72	0.40	4.84	2.63	0.05	0.01	0.07	N/A	0.15
	E	BIG RAPIDS	7.70	7.22	0.40	4.69	2.45	0.05	0.01	0.06	N/A	0.15
	F	FLINT	7.70	7.72	0.40	4.90	2.69	0.05	0.01	0.07	N/A	0.15
	H1	GRAND RAPIDS/MUSKEGON	7.70	7.62	0.40	4.65	2.42	0.05	0.01	0.06	N/A	0.15
	I	KALAMAZOO/BATTLE CREEK	7.70	7.67	0.40	4.72	2.49	0.05	0.01	0.06	N/A	0.15
	J	LANSING/JACKSON	7.70	7.72	0.40	4.84	2.63	0.05	0.01	0.07	N/A	0.15
	K	LAPEER	7.70	7.72	0.40	5.01	2.82	0.05	0.01	0.07	N/A	0.15
	M	SAGINAW	7.70	7.22	0.40	4.86	2.65	0.05	0.01	0.07	N/A	0.15
	N	TRAVERSE CITY	7.70	7.22	0.40	4.75	2.51	0.05	0.01	0.07	N/A	0.15
	O	UPPER PENINSULA	7.70	4.97	0.40	4.46	2.22	0.05	0.01	0.06	0.16	0.15

REMITTANCE	CONTRIBUTION RATES (SEE ABOVE)	MULTIPLIER		AMOUNT	ADJUSTMENTS	TOTAL
		ENTER TOTAL HOURS FROM REVERSE SIDE				
HEALTH CARE		X				
PENSION		X				
APPRENTICE		X				
VACATION		X				
DUES		X				
BUILDING TRADES		X				
MBTC DEFENSE FUND		X				
INTL APP TRAIN FUND		X				
UPCC		X				
CIAP		X				
Total						

REMITTANCE: MAKE CHECK PAYABLE TO OUTSTATE MICHIGAN TROWEL TRADES FRINGE BENEFIT FUNDS

OUTSTATE MICHIGAN TROWEL TRADES		FORM 1416 EMPLOYEE DETAIL REPORT FOR EMPLOYERS' MONTHLY FRINGE BENEFIT REPORT
CONTRACTOR'S NAME	WORK MONTH	

EMPLOYEE'S NAME	BIRTH-DATE	SOCIAL SECURITY NUMBER	HOURS WORKED	GROSS WAGES		
					<p style="text-align: center;">INSTRUCTIONS</p> <p>1. Complete this report. Mail with your check to: OUTSTATE MICHIGAN TROWEL TRADES FRINGE BENEFIT FUNDS Department 77761 P.O. Box 77000 Detroit, MI 48277-0761</p> <p>2. Please prepare a separate report for each jurisdiction and section.</p> <p>3. Explain adjustments on reverse side. Attach variance notice if applicable.</p> <p>4. If payment is not made by the 15th of month, liquidated damages will be assessed.</p> <p>5. Check if need more forms <input type="checkbox"/> No employees this month "FINAL" <input type="checkbox"/> No employees until further notice, check reason: <input type="checkbox"/> Business Closed or Sold <input type="checkbox"/> Business Bankrupt <input type="checkbox"/> No longer work in area <input type="checkbox"/> No obligation to contribute, however still working in area <input type="checkbox"/> Other</p> <p>6. Working Dues are to be based upon the rate in effect where the work is performed. Do not base the Working Dues on your employees' membership affiliation.</p> <p>7. By filing this form the under-signed 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</p> <p style="text-align: right;">_____ SIGNATURE</p>	
TOTALS - THIS PAGE						
TOTALS - ENTER APPROPRIATE AMOUNTS IN MULTIPLIER ON REVERSE SIDE						

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