MITA

OUTSTATE MICHIGAN TROWEL TRADES FRINGE BENEFIT FUNDS ROAD BUILDERS

EFFECTIVE

06-01-24

					INSTRUCTIONS
NAME				WORK MONTH/YEAR	Complete this report. Mail with your
					check to:
					OUTSTATE MICHIGAN TROWEL
ADDRESS				TELEPHONE NUMBER	TRADES FRINGE BENEFIT FUNDS
					Department 77761
					P.O. Box 77000
CITY AND STATE				REPORT ALL WEEKLY	Detroit, Michigan 48277-0761
				PAYROLL PERIODS ENDING	
				IN THE ABOVE MONTH	2. PLEASE PREPARE A SEPARATE REPORT
ALL CONTRIB		HE 15TH OF THE MONTH FO			FOR EACH JURISDICTION
EMPLOYEE'S NAME	BIRTH	SOCIAL SECURITY	(A) HOURS	(B) GROSS	CHECK APPLICABLE BOX
	DATE	NUMBER	WORKED	WAGE	☐ Local 514 ☐ ZONE 1
					☐ Local 886 ☐ ZONE 2
					-
			+		Explain adjustments on reverse side.
					Attach variance notice if applicable.
					If payment is not made by 15th of month, liquidated damages will be assessed
					_
					5. 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
					agroomento
			+		-
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	тоти	AL ALL PAGES			
					SIGNATURE

CONTRIBUTION RATES	ZONE 1	ZONE 2	Multiplier	Amount	Adjustments	Total
HEALTH & WELFARE	7.70	7.70	HOURS WORKED			
PENSION	6.55	6.55	HOURS WORKED			
VACATION	2.80	2.80	HOURS WORKED			
APPRENTICE	0.40	0.40	HOURS WORKED			
VORKING DUES* LOCAL 514 LOCAL 886	2.08	2.02	HOURS WORKED			
NT'L PENSION FUND	0.66	0.66	HOURS WORKED			
NT'L APPRENT. TRAINING FUND	0.07	0.07	HOURS WORKED			
PF-PPA	0.11	0.11	HOURS WORKED			
PROMOTION FUND	0.12	0.12	HOURS WORKED			
(FRINGE OFFICE USE ONLY)			HOURS WORKED			

EFFECTIVE 06-01-24

PLASTERERS

VACATION

\$ 3.00 \$ 2.84 \$ 3.00 \$ 3.00 \$

OUTSTATE MICHIGAN TROWEL TRADES FRINGE BENEFIT FUNDS

NAME												WORK MO	NTH/YEAR	IN	ISTRUCTIONS
														Complete this recheck to:	report. Mail with your
ADDRESS								TELEPHON	IE NUMBER	OUTSTATE MICHIGAN TROWEL TRADES FRINGE BENEFIT FUNDS					
CITY AND STATE								PAYROLL PER	LL WEEKLY RIODS ENDING OVE MONTH	Department 77761 P.O. Box 77000 Detroit, Michigan 48277-0761					
	ΑL	L CONTR	RIBUT	TIONS AI	RE DI					OLLOWING MO	NTH C			2. PLEASE PRE	PARE A SEPARATE REPORT
				IRTH		SC		SECUR	ITY	(A) HOURS			OSS		URISDICTION
EMPLOYEE'S NAI	ME			DATE			NUN	MBER		WORKED	-	WA	AGE	CHECK APPL SOUTHWES	
														☐ LANSING/JA	
														☐ FLINT	
														☐ SAGINAW/E	
														☐ UPPER PEN	
														7	ments on reverse side.
														Attach varianc	e notice if applicable.
														If payment is n	not made be 15th of month,
															ages will be assessed
															_
											-			5. Check if you n	
														No employees	No employees until further
														notice. Check	
														Business	Closed
														Business	
														Business	•
														No longer	tion to contribute,
														7	still working in area
														Other	· ·
											-				are to be paid based upon
															ct where the work is not base the Working Dues
															vees' membership
														affiliation.	·
														7	rm the undersigned
															ees to be bound by the ent to the trust funds as
					<u> </u>									-	current applicable
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														agreements	
						TAL A								-	
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	1	6/1		6/1		6/1		i/1	6/1	Enter					
CONTRIBUTION RATES		Flint	So	uthwest		nsing ckson		inaw City	Upper Peninsula	Rate		Multiplier	Amount	Adjustments	Total
HEALTH & WELFARE	\$	7.70	\$	7.70	\$	7.70	\$	7.70	\$ 7.70						
PENSION	\$	8.62	\$	8.17	\$	8.27	\$	8.27	\$ 8.27						
APPRENTICE	\$	0.40	\$	0.40	\$	0.40	\$	0.40	\$ 0.40						
DUES	\$	2.37		2.28		2.47		2.52	\$ 2.50						
BUILDING TRADES	\$							0.05	\$ 0.05						
	Ĭ.			0.05		0.05			•						
MBTC-Defense Fund	\$							0.01	\$ 0.01						
INTL APPR TRNG FLIND	ı \$	0.06	ı Ç	0.06	, S	0.06	Ψ.	0.06	\$ 0.06	Ī	1		1	1	i e

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

Total

3.00

OUTSTATE MICHIGAN TROWEL TRADES

IF NO CEMENT MASONS
WERE EMPLOYED
DURING THE MONTH
CHECK
HERE

FRINGE BENEFIT FUNDS

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

FORM 1416
REMITTANCE REPORT
REV. 06/24
EMPLOYER'S MONTHLY
FRINGE BENEFIT REPORT

NAME OF COMPANY	IE OF COMPANY		WORK MONTH	REQUEST FOR FORMS		
ADDRESS		TELEPHONE		FORM 1416		
CITY AND STATE	ZIP					
	- "		Month	IF FINAL REPORT CHECK HERE		

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

FFFFCTIVE	DATE:	6-1-2024	

EFFECTI\	CTIVE DATE: 6-1-2024 NOTE: INSTRUCTIONS ON REVERSE SID											RSE SIDE	
		FRINGE BENEFIT FUND RATES AND MULTIPLIER											
CHECK SECTION		AREA OF WORK	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	4.24	2.56	0.05	0.01	0.07	N/A	0.15	
	Е	BIG RAPIDS	7.70	7.22	0.40	4.09	2.38	0.05	0.01	0.06	N/A	0.15	
	F	FLINT	7.70	7.72	0.40	4.30	2.62	0.05	0.01	0.07	N/A	0.15	
	H1	GRAND RAPIDS/MUSKEGON	7.70	7.62	0.40	4.05	2.35	0.05	0.01	0.06	N/A	0.15	
	I	KALAMAZOO/BATTLE CREEK	7.70	7.67	0.40	4.12	2.43	0.05	0.01	0.06	N/A	0.15	
	J	LANSING/JACKSON	7.70	7.72	0.40	4.24	2.56	0.05	0.01	0.07	N/A	0.15	
	K	LAPEER	7.70	7.72	0.40	4.41	2.75	0.05	0.01	0.07	N/A	0.15	
	М	SAGINAW	7.70	7.22	0.40	4.26	2.58	0.05	0.01	0.07	N/A	0.15	
	N	TRAVERSE CITY	7.70	7.22	0.40	4.15	2.45	0.05	0.01	0.06	N/A	0.15	
	0	UPPER PENINSULA	7.70	4.97	0.40	3.86	2.15	0.05	0.01	0.06	0.16	0.15	

REMITTANCE		MU	JLTIPLIER	4440UNIT	A D III OTHENTO	TOTAL
FRINGE BENEFIT RATES		ENTER TOTAL HOURS FROM REVERSE SIDE		AMOUNT	ADJUSTMENTS	TOTAL
HEALTH CARE		Х				
PENSION		Х				
APPRENTICE		х				
VACATION		Х				
DUES		х				
BUILDING TRADES		Х				
MBTC DEFENSE FUND		Х				
INTL APP TRAIN FUND		х				
UPCC		Х				
CIAP		Х				
·				•	Total	

FORM 1416 OUTSTATE MICHIGAN TROWEL TRADES CONTRACTOR'S NAME WORK MONTH

I OILIII ITIO
EMPLOYEE DETAIL
REPORT FOR
EMPLOYERS' MONTHLY
FRINGE BENEFIT
REPORT

					_	
EMPLOYEE'S NAME	BIRTH- DATE	SOCIAL SECURITY NUMBER	HOURS WORKED	GROSS WAGES		
					INSTRUCTIONS	
					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	
					2. Please prepare a separate	
					report for each jurisdiction	
					and section.	
					3. Explain adjustments on	
					reverse side. Attach variance	
					notice if applicable.	
					4. If payment is not made by the	
					15th of month, liquidated	
					damages will be assessed.	
					5. Check if need more forms	
					No employees this month	
					"FINAL" No employees until	
					further notice, check reason:	
					☐ Business Closed or Sold	
					☐ Business Bankrupt	
					☐ No longer work in area	
					☐ No obligation to contribute,	
					however still working in area	
					Other	
					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.	
					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	
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TOTALS - ENTER	RAPPROP	RIATE AMOUNTS IN			SIGNATURE	
		VERSE 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