





# 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. 06/24  
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		<b>FORM 1416</b> <input type="checkbox"/>
CITY AND STATE	ZIP	Report All Weekly Payroll Periods Ending In The Above Month	<b>IF FINAL REPORT CHECK HERE</b> <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
	<b>D</b>	<b>BENTON HARBOR/ST. JOSEPH</b>	7.70	7.72	0.40	4.24	2.56	0.05	0.01	0.07	N/A	0.15
	<b>E</b>	<b>BIG RAPIDS</b>	7.70	7.22	0.40	4.09	2.38	0.05	0.01	0.06	N/A	0.15
	<b>F</b>	<b>FLINT</b>	7.70	7.72	0.40	4.30	2.62	0.05	0.01	0.07	N/A	0.15
	<b>H1</b>	<b>GRAND RAPIDS/MUSKEGON</b>	7.70	7.62	0.40	4.05	2.35	0.05	0.01	0.06	N/A	0.15
	<b>I</b>	<b>KALAMAZOO/BATTLE CREEK</b>	7.70	7.67	0.40	4.12	2.43	0.05	0.01	0.06	N/A	0.15
	<b>J</b>	<b>LANSING/JACKSON</b>	7.70	7.72	0.40	4.24	2.56	0.05	0.01	0.07	N/A	0.15
	<b>K</b>	<b>LAPEER</b>	7.70	7.72	0.40	4.41	2.75	0.05	0.01	0.07	N/A	0.15
	<b>M</b>	<b>SAGINAW</b>	7.70	7.22	0.40	4.26	2.58	0.05	0.01	0.07	N/A	0.15
	<b>N</b>	<b>TRAVERSE CITY</b>	7.70	7.22	0.40	4.15	2.45	0.05	0.01	0.06	N/A	0.15
	<b>O</b>	<b>UPPER PENINSULA</b>	7.70	4.97	0.40	3.86	2.15	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		<b>X</b>				
PENSION		<b>X</b>				
APPRENTICE		<b>X</b>				
VACATION		<b>X</b>				
DUES		<b>X</b>				
BUILDING TRADES		<b>X</b>				
MBTC DEFENSE FUND		<b>X</b>				
INTL APP TRAIN FUND		<b>X</b>				
UPCC		<b>X</b>				
CIAP		<b>X</b>				
<b>Total</b>						

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

<b>OUTSTATE MICHIGAN TROWEL TRADES</b>		<b>FORM 1416</b> 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;"><b>INSTRUCTIONS</b></p> <p>1. Complete this report. Mail with your check to:  <b>OUTSTATE MICHIGAN TROWEL TRADES FRINGE BENEFIT FUNDS</b>            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>	
<b>TOTALS - THIS PAGE</b>						
<b>TOTALS - ENTER APPROPRIATE AMOUNTS IN MULTIPLIER ON REVERSE SIDE</b>						

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