



## INSTRUCTIONS FOR COMPLETING THE EMPLOYER FRINGE BENEFIT WEEKLY REPORT FORM

1. CHECK NAMES AND SOCIAL SECURITY NUMBERS OF ALL LISTED EMPLOYEES.
2. DRAW A LINE THROUGH THE NAME OF ANY EMPLOYEE WHO NO LONGER WORKS FOR YOU.
3. ADD NEW EMPLOYEES: INCLUDE NAME, SOCIAL SECURITY NUMBER, TOTAL HOURS WORKED AND ADDRESS.
4. ENTER TAXABLE HOURLY RATE
5. ENTER TOTAL GROSS WAGE.
6. ENTER TOTAL DUES WITHHELD PER EMPLOYEE.
7. ENTER ADDITIONAL HOURLY DEDUCTIONS WITHHELD PER EMPLOYEE.
8. ENTER THE TOTAL NUMBER OF HOURS WORKED PER EMPLOYEE.

MAKE CHECKS PAYABLE TO:

KEY BANK  
P.O. BOX 74427  
CLEVELAND, OHIO 44194-0510

CHECK REMITTANCE SHOULD BE OBTAINED FROM LINE 8 ON FRONT OF FORM.

SEPARATE REPORT FORMS TO BE USED FOR EACH REPORT FOR EACH LOCAL UNION JURISDICTION.

CURRENT RATE OF CONTRIBUTION INFORMATION CAN BE OBTAINED BY CONTACTING THE LOCAL UNION OFFICE OR THE OFFICE OF THE OHIO CARPENTERS HEALTH FUND.

LIQUIDATED DAMAGE PROVISIONS ARE IN EFFECT FOR THE LATE SUBMISSION AND PAYMENT OF A REMITTANCE REPORT. REPORTS AND PAYMENTS ARE DELINQUENT AFTER THE FIFTEENTH DAY OF THE MONTH FOLLOWING THE MONTH TO BE REPORTED.