-- REMITTANCE REPORT --

LOCAL 73 ANNUITY FUND

P.O. Box 911 Oswego, N.Y. 13126

Phone (315) 343-1808 FAX (315) 343-4184

FOR PERIOD STARTING _____ ENDING _____

NAME OF EMPLOYEE	S.S. NUMBER	NO. OF HOURS WORKED	DATE OF START OR END OF EMPLOYMENT

☐ IF MORE FORMS ARE NEEDED, CHECK HERE

TOTAL NUMBER OF PAGES IN THIS REPORT _____

Total Number of Employees covered in this report

Total number of hours reported _____

Employer Contributions at _____ per hour to Annuity Fund

Total remittance herewith $ _____

$ _____

White form to be returned with remittance

Make check payable to:

Local 73 Annuity Fund

Name of Firm _____ Phone # _____

Address of Firm _____

Date _____

Submitted by _____ Title _____

The original remittance form must be submitted to this office on or before the 10th of the following month for which payment is due.