-- REMITTANCE REPORT --

U.A. LOCAL 73 RETIREMENT PLAN

(PLEASE TYPEWRITE OR PRINT)

P.0. 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 EMPOYMENT

☐ 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 Retirement Fund $_____

Total remittance herewith $_____

White form to be returned with remittance

_____
Name of Firm

_____
Address of Firm

_____
Submitted by Title

Date _____