EMPLOYER REPORT OF CONTRIBUTIONS

Instructions: Contributions are to be made monthly by the employer, and are to be received by the National Training Fund by the 15th day of the month following the month in which work under the Collective Bargaining Agreement was performed. The representative of the employer completing the Remittance Report should sign it on the bottom of this form. Copies of the forms can be obtained on the public section of the International’s website at https://www.iuoe.org/hire-iuoe/iuoe-remittance-form
Contributions, along with the completed Remittance Report, are to be submitted to the following address:

IUOE National Training Fund
Lockbox 791782
Baltimore, MD 21279-1782
USA

EMPLOYER INFORMATION

Employer Name: ____________________________________________________________________
Address: __________________________________________________________________________
City: _______________________________________________________________________________
State: ______________________________________________________________________________ Zip Code: __________________________________________________________________
I.U.O.E. Local: ___________________ SER # NCA# or GPPMA Project #: ____________________

JOB INFORMATION

Agreement Type:  □ NMA  □ GPA  □ NCA
Hourly Rate: _____ $0.10_____
Project Name: ______________________________________________________________________
Job Location: _______________________________________________________________________
Month for which work is submitted: _____________________________________________________
Work period covered Beginning: ___________________ Ending: ___________________________

EMPLOYER CONTRIBUTIONS

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<tr>
<th>Employee Name</th>
<th>Last 4 of SSN</th>
<th>Hours</th>
<th>Contributions Due</th>
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The undersigned certifies that the information set forth herein accurately reflects all hours and earnings worked; and that the employees listed herein are engaged by the Employer for the primary purpose of performing bargaining unit work pursuant to the collective bargaining agreements identified above and that no contributions are being remitted on behalf of employees who more often than not perform work other than operating engineers’ work such as management of the affairs of the business, estimating, office or clerical work or fieldwork that is not work performed by operating engineers.

Authorized
Signature of Employer: ___________________________________________ Date: ________________