



**CENTRAL PENSION FUND
INTERNATIONAL UNION OF OPERATING ENGINEERS
EMPLOYER REPORT OF CONTRIBUTIONS**

EMPLOYER ACCOUNT

WORK PERIOD COVERED	
BEGINNING	ENDING

CONTRACT INFORMATION	
JOB LOCATION	
LOCAL UNION	

FRINGE TYPE	JOB CLASS	Unit Type	Hours Per Unit	Rate Basis		
				\$ PER UNIT	% Gross	Flat Dollar

EMPLOYEE NAME	HOME LOCAL	SOCIAL SECURITY NUMBER OR CPF PART ID <small>NEW EMPLOYEES MUST HAVE AN SSN</small>	TOTAL HOURS WORKED <small>(GREATER OF HOURS WORKED OR CONTRIB HOURS) REQUIRED FOR ALL REPORTS</small>	GROSS WAGES OR HOURS RATE <small>REQUIRED ONLY IF CONTRIBUTIONS ARE BASED ON % OF WAGE OR % OF HOURLY RATE</small>	CONTRIBUTORY HOURS <small>REQUIRED ONLY IF CONTRIBUTIONS ARE BASED ON OTHER THAN TOTAL HOURS WORKED (CANNOT BE GREATER THAN TOTAL HOURS)</small>	UNITS WORKED <small>REQUIRED ONLY IF CONTRIBUTIONS ARE BASED ON UNITS OTHER THAN HOURS (i.e. WEEKS)</small>	TOTAL CONTRIBUTIONS <small>REQUIRED FOR ALL REPORTS</small>
TOTAL – ALL EMPLOYEES							