



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

WORK PERIOD COVERED	
BEGINNING	ENDING

EMPLOYER NAME & ADDRESS

MAIL 1 COPY OF THE REPORT, SUMMARY PAGE AND REMITTANCE FORM TO THE FOLLOWING ADDRESS:
Central Pension Fund P.O. Box 418433 Boston, MA 02241-8433 USA

CONTRACT/RATE AGREEMENT INFORMATION	
LOCAL UNION	JOB LOCATION

FRINGE ID	FRINGE TYPE	TOTAL CONTRIBUTIONS	CHECK AMOUNT	JOB CLASS	UNIT TYPE	HOURS PER UNIT	\$ PER UNIT	MIN/MAX RATE	% GROSS/HR RATE	FLAT DOLLAR
									0.00%	
									0.00%	
									0.00%	
									0.00%	
									0.00%	
									0.00%	
									0.00%	
									0.00%	
									0.00%	
	CHECK (S) TOTAL:	\$ 0.00	\$ 0.00						0.00%	

We certify that this Remittance Form, and the accompanying Employer Report(s) of contributions, are true and complete reports of all contributions required to be paid under the applicable IUOE Local Union agreement, or other written obligation approved by the CPF Board of Trustees.

Authorized Signature of Employer

Note: Any false statement or representation made in reporting on this form may subject you to prosecution under 18 U.S.C. § 1027, the penalty for which is a fine of \$10,000 or imprisonment of five years or both.



**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	MIN/MAX RATE	% GROSS/ HOURLY RATE	FLAT DOLLAR
National Training	ALL JOB CLASSES	HOURS	1.000	0.100	0.000/0.000	0.000%	0.00

EMPLOYEE NAME	HOME LOCAL	SOCIAL SECURITY NUMBER	TOTAL HOURS (GREATER OF HOURS WORKED OR CONTRIB HOURS) <small>REQUIRED FOR ALL REPORTS</small>	GROSS WAGES OR HOURLY 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 (CAN NOT 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							