

Pipe Fittersø Association
 Local Union 597, U.A. 401(k) Plan
 45 N. Ogden Avenue, Chicago, IL 60607
 Phone: 312-633-0597 Fax: 312-829-9796 www.pf597.org

EMPLOYER REMITTANCE FORM

401(k) Report for the Work Period of: _____

Contractor Name _____

Address _____
 Street City State Zip Code

DEFERRAL AMOUNTS ARE DUE IN THE LOCK BOX BY: _____ **15,** _____

<u>Employee Name</u>	<u>Social Security Number</u>	<u>Deferral Amount(s)</u>	<u>Status</u>
	xxx-xx-	\$	
	xxx-xx-	\$	
	xxx-xx-	\$	
	xxx-xx-	\$	
	<u>Total</u>	\$	

Note: Be sure to add the name(s) and social security number(s) of all Pipe Fitters who submitted deferral amounts during this period. To remove a Pipe Fitter from your next report, place a "0" in the status column.

This report, with payment, must be received at the Lock Box not later than the 15th of the month following the month being reported. Failure to file this report on time will result in a late charge of 10% of the amount due and in addition, interest at 1% per month.

Send remittance to:
Pipe Fitters Association Local 597, U.A. 401(k) Plan
P O Box 94415
Chicago, Illinois 60690

Prepared by _____ Date _____

Title _____ E-mail Address _____

Phone _____ Fax _____

Authorized Signature _____