

INTERNATIONAL UNION OF OPERATING ENGINEERS

LOCAL 14-14B FUND OFFICE

141-57 Northern Blvd.

Flushing, New York 11354

Monthly Employer Remittance Identification Report Form

Name of Employer _____

Address _____

Submitted by: _____ on _____ Phone Number () _____

For month of _____ 20 _____ Covering weeks ending ____ / ____ / ____ / ____

Employer Identification # _____

TYPE or PRINT

EMPLOYEE Social Security Number	Employee Name Last Name First	Hours Worked	
		Regular (A)	Overtime (B)
Number of employees on all sheets for above reporting period. _____		Total	

I certify that the information contained in this report and the attached schedule is true and correct; that the wages and hours reported represents all wages paid to members of the above Local Union in the employ of the named Employer for the period specified.

Signature: _____

Title: _____ Date: _____