

The undersigned Employer hereby agrees to be bound by the Trust Agreements, as amended, establishing the Fringe Benefit Trust Funds for which contributions are reported on the form, agrees to make the required contributions to the Trust Funds as provided in the current Carpenters Collective Bargaining Agreements covering the job locations where hours are worked, and warrants the above report to be true and correct.

Please list Social Security reports at all times. This properly crediting hours than one employee with

Name of Employer

Employer's Federal I.D. No.

Street and Address

Send Copy with check to:

City, State and Zip code

Carpenters Fu
10 Broadway
Hamden, CT (

Signed By _____