

AMALGAMATED LITHOGRAPHERS OF AMERICA
LOCAL ONE-L, GCC/IBT

113 University Place New York, NY 10003
Telephone 212-460-0800 * Fax 212-460-0859

FOR DIRECT PAYMENT OF DUES & ASSESSMENTS

NAME: _____

MONTH OF: _____

SOCIAL SECURITY # _____

FOLIO # _____

DUES

Your monthly dues are determined by your classification. Please fill in the following:

- A. My monthly dues \$ _____
- B. This payment is for the month of: _____
- C. Total dues payment \$ _____

ASSESSMENTS

Every Journeyman, Jr. Journeyman and Apprentice is required to pay assessments to Local One-L at the rate of 1% of Gross Weekly earnings. Please fill in the following:

- | | | |
|----|--|----------|
| 1. | Gross earned week ending _____ - _____ - _____ | \$ _____ |
| 2. | Gross earned week ending _____ - _____ - _____ | \$ _____ |
| 3. | Gross earned week ending _____ - _____ - _____ | \$ _____ |
| 4. | Gross earned week ending _____ - _____ - _____ | \$ _____ |
| 5. | Gross earned week ending _____ - _____ - _____ | \$ _____ |
| 6. | Total for week endings | \$ _____ |
| 7. | Total assessments payment (total earned X's 1%) | \$ _____ |
| 8. | Total Payment (add line C & line 7) | \$ _____ |

Name and address of Employer(s) (*list all employers during this period*). If you were unemployed at any time since your last report, you must give details here and contact our employment department at 212-460-0867

Send this form along with a check or money order (this check must be separate from any pension payments being made) for the total of line 8 to **Local One-L, attn: Jill O'Donoghue**.

Section #6113 of the Internal Revenue Code requires us to state that payments of any kind to Local One is not deductible as Charitable Contributions for Federal Income Tax purposes. Consultation with a tax advisor is suggested.

Signature _____

Date _____

INTER-LOCAL PENSION FUND
C/O AMALGAMATED LITHOGRAPHERS OF AMERICA

113 University Place
New York, New York 10003

**THIS FORM IS TO BE USED FOR PAYMENT OF PENSION CONTRIBUTIONS
ONLY IF YOU ARE WORKING IN THE LITHOGRAPHIC INDUSTRY
IF YOU ARE NOT WORKING ON THE BENCH, OR AS A FOREMAN
YOU MUST OBTAIN A RULING FROM THE TRUSTEES**

NAME _____ FOLIO _____

SS# _____ - _____ - _____ MONTH OF _____

ADDRESS _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED

1. Are you self employed? Yes No
2. Do you pay Social Security taxes as a self-employed individual Yes No
3. Do you employ anyone? Yes No
4. Are you employed by a corporation in which you have a financial interest? Yes No
 - a) if yes, what is the nature of your financial interest? _____
 - b) if yes, do you or the corporations employ anyone other than you? Yes No

**PLEASE READ
IMPORTANT INSTRUCTIONS**

Members making payments directly to the Inter-Local Pension Fund for Pension contributions shall use this form and shall make payment as follows:

1. Payments shall be made regularly not later than the 10th day of the month covering contributions for the entire preceding month.
2. The amount of the contribution is specified in Section 3 (a) of Article XVIII of The by-laws of Local One, Amalgamated Lithographers of America, as follows:
 - (a) Six (6%) percent of the member's earnings in the lithographic trade, if he/she is working at the trade in any classification contained in the Local's Wage scale or is a foreman, or
 - (b) Six (6%) percent of his/her salary, if he/she is an officer or employee of the Amalgamated Lithographers of America, or
 - (c) Six (6%) percent of the scale of his/her classification, if he/she is not covered by either (a) or (b) above

**IF YOU FAIL TO MAKE PAYMENTS, YOU WILL BE DROPPED
FROM THE FUND AND YOU WILL NOT BE ENTITLED TO ANY
BENEFITS THEREUNDER**

PAYMENT INFORMATION

FILL IN ONLY ONE OF THE FOLLOWING SECTIONS

1. If you are working at the trade or if you are a foreman fill in this section.

Total earnings for the period covered by this report \$ _____

6% of total earnings \$ _____ (amount of your contribution).

2. If you are not covered by the above section, fill in this section.

My classification in Local One is _____

The scale of my classification is \$ _____ per week.

The total amount I would have earned during the period of this report if I had worked at scale would have been \$ _____.

6% of this amount equals \$ _____ (amount of contribution)

Period covered by this report: From _____ To _____

Number of weeks you actually worked during this period _____

Name and address of Employer (list all Employers, if you worked for more than one during this period). If you have been unemployed at any time since your last report, you must give the details here:

**Send this form, together with a check or money order for the
Amount of your contributions as calculated above to Local One,**

**Amalgamated Lithographers of America
113 University Place, New York, NY 10003
ATT: Jill O'Donoghue**

***Please make your check payable to*
INTER-LOCAL PENSION FUND**

Signature _____ ***Date*** _____

**ALL DATA WILL BE CHECKED AGAINST SOCIAL SECURITY RECORDS
WHEN YOU APPLY FOR BENEFITS.
BENEFITS CANNOT BE PAID TO ANYONE WHO IS NOT ELIGIBLE ACCORDING
TO THE BY-LAWS OF LOCAL ONE.**