

TUCKPOINTERS BENEFIT FUNDS

**Make check Payable to – TUCKPOINTERS LOCAL 52 FRINGE BENEFITS ACCOUNT
P.O. BOX 71767 – CHICAGO, ILLINOIS 60694-1767 – PHONE (630) 516-8008**

MONTH 20

EMPLOYER _____ **PHONE** _____

PHONE _____

ADDRESS _____

SUPERINTENDENTS MUST BE IDENTIFIED

Journeyman x \$2.91

Apprentice x \$2.55

Total Hours

PLEASE REMIT ONE CHECK

RATE effective 6/1/25

Journeyman \$40.12

Apprentice \$39.76

1. Tuckpointers Local 52 Welfare Trust	\$11.05		
2. Tuckpointers Local 52 Pension Trust	\$10.10		
3. Tuckpointers Local 52 Annuity Trust	\$11.25		
4. Apprenticeship Trust(DCTC).....	\$.56		
5. International Masonry Institute (IMI).....	\$.90		
6. IL District Council No. 1 DUES (Journeyman \$2.91) (Apprentice \$2.55)			
7. Tuckpointers Local 52 Promotion Trust (PROMO)	\$.60		
8. International Union Pension (IPF) 1.00. BAC PAC \$.02	\$1.02		
9. International Union Pension - IPF/PPA Requirement	\$.81		
10. Local Political Committee	\$.05		
11. Market Recovery Fund (MR)	\$.20		
12. CISCO	\$.01		
13. Contractors Association - (TIAF)	\$.36		
14. LMCC	\$.30		

1)
Hours x \$40.12
Journeyman = \$ _____

2)
Hours x \$39.76
Apprentice =

3) TOTAL HOURS

4) GRAND TOTAL \$

We certify the above is a true and complete report of hours worked by all employees engaged in work covered by the occupational jurisdiction of Pointers, Cleaners & Caulkers Union Local No. 52 B.A.C. Further, the undersigned employer hereby agrees to be bound by the terms of the Agreement and Declaration of Trust of the Chicago Area Joint Welfare Committee for the Pointing, Cleaning and Caulking Industry as amended and restated, and the Agreement and Declaration of Trust of Tuckpointers Local #52 Pension Trust Fund, as amended and restated, and Agreement and Declaration of Trust of the Defined Contribution Annuity Trust Fund as stated.

This is your authority to examine our retained copies of all payroll tax returns and individual payroll earnings records.

LATE PAYMENTS

LATE PAYMENTS

A report must be filed **each month** even if no covered employees worked that month. Submittal of report form with full payment is due by the 20th day of the month following the month covered by the report. Substantial late charges will be applied where contributions are not postmarked by the due date.

Employer _____

Signature _____

Download and print extra forms from our website at www.ohio.gov

and print extra forms from our
www.tuckpointersbenefits.com