



# INTERNATIONAL PAINTERS AND ALLIED TRADES COMBINED FUNDS

PHONE 410-564-5500 FAX 866-656-4160

EMAIL: [pension@iupat.org](mailto:pension@iupat.org)

## Remittance Report

**Please Mail Form To:** **IUPAT Industry Pension Fund**  
**PO BOX 92869**  
**Chicago, IL 60675-2869**

Please check if applicable

- ☐ No further work – Final Report
- ☐ No Employees Covered

**Report must be signed and returned even if no participants are working.**

### \$12.22 Total IUPAT Combined Funds

\$12.22 Breakdown is (\$2.42 into IUPAT Industry Pension Plan)  
(\$9.80 into IUPAT Industry Annuity Plan)

**X** \_\_\_\_\_ **Total hours**

**+** \_\_\_\_\_ **\$ .10 per hour IUPAT ADMINISTRATION DUES**

**=** \_\_\_\_\_ (Submit this amount)

\_\_\_\_\_  
*Company Name / Employer #*

**Make Checks Payable to IUPAT Combined Funds**

**Covering Payroll periods from** \_\_\_\_\_

\_\_\_\_\_  
*Company Address*

**We warrant this report to be true and correct and in agreement with our payroll records**

\_\_\_\_\_  
*Federal – ID#*

**Prepared by:**

\_\_\_\_\_  
*Signature and date*

\_\_\_\_\_  
*Phone & Fax*

### ***Benefits for Glaziers Union Local #27 Contractors / Members***

<b><i>Social Security Number</i></b>	<b><i>Employee Name</i></b>	<b><i>Total Hours Paid</i></b>		

Add all of the hours paid for a **Total hours** to be used at the top of this form