

CEMENT MASONS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
 CEMENT MASONS PENSION TRUST FUND FOR NORTHERN CALIFORNIA
 CEMENT MASONS VACATION-HOLIDAY TRUST FUND FOR NORTHERN CALIFORNIA
 CEMENT MASONS APPRENTICESHIP AND TRAINING TRUST FUND FOR NORTHERN CALIFORNIA

**EMPLOYER'S COMBINED REPORT OF CONTRIBUTIONS
 CONTINUATION SHEET**

PAGE NO. _____

(1) EMPLOYER'S NAME						(3) WORK PERIOD FROM : _____ TO : _____							
(2) EMPLOYER #:													
(4) EMPLOYEE'S SOCIAL SECURITY NUMBER			(5) NAME OF EMPLOYEE (TYPE OR PRINT)			(6) WORK CLASS	(7) DATE OF BIRTH	(8) HOURS COMPENSATED WEEK ENDING DATE				(9) TOTAL HOURS COMPENSATED FOR MONTH	
			LAST	FIRST	MI								
											(10) TOTAL HOURS FOR THIS PAGE		

THIS CONTINUATION SHEET SHALL BE USED TO COMPLETE THE COMBINED EMPLOYER REPORT OF CONTRIBUTIONS. PLEASE MAKE COPIES OF BOTH FORMS FOR YOUR RECORDS AND RETURN THE ORIGINALS WITH YOUR PAYMENT, AS PER ADVICE CONTAINED UNDER GENERAL INSTRUCTION ITEM E.

ITEMS BEARING NUMBERS ARE EXPLAINED ON THE REVERSE SIDE OF THIS FORM