

**CAPE BRETON ISLAND ROOFER LOCAL 56
INDUSTRY IMPROVEMENT FUND**

MAIL REMITTANCE TO:

THE ADMINISTRATOR
260 BROWNLOW AVENUE, UNIT 1
DARTMOUTH, NOVA SCOTIA
B3B 1V9

NSCLRA CONTACT INFO:

PHONE: (902) 468-2283
FAX: (902) 468-3705
EMAIL: admin@nsclra.ca
WEBSITE: www.nsclra.ca

**** Contributions are due to be received in our office on or before the 15th of each month. ****

Please submit a NIL report, via fax or email, for any month you do not employ eligible employees.

REPORT FOR THE MONTH: _____ **YEAR:** _____

PLEASE FILL IN COMPANY NAME, ADDRESS, TELEPHONE # & FAX #:

NAME OF EMPLOYEE	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL HOURS
TOTAL HOURS REPORTED:						

	TOTAL HOURS	RATE		DOLLARS
(A) I.I.F. (Industry Improvement Fund)		\$0.11	= (A)	
(B) CALCULATE HST ON LINE (A) ONLY <small>HST REGISTRATION #R106970924</small>		15%	= (B)	
(C) Nova Scotia Construction Sector Council		\$0.03	= (C)	
(D) Techsploration		\$0.02	= (D)	
(E) TOTAL CONTRIBUTION (A + B + C + D)			= (E)	

Please retain one copy for your files and return one copy with your remittance to the address above.

Note to Form User:

The Fund form on the preceding worksheet is the most current form to-date. This form is available on our website, www.nscira.ca, in both Excel and Adobe formats. This Excel format can be used to quickly calculate fund remittances. It can also be used as a means of double-checking the remittance due showing via your company's reporting method.

Please type the following in the blanks provided:

- month & year for the period you are reporting
- company name, address, telephone & fax numbers
- each employee's name
- each employee's total hours for each week of the reported month

This form has been formatted to automatically calculate the remittance due.

The total hours for each employee will automatically calculate. A grand total of hours will calculate and be displayed in "Total Hours Reported" - the remittance due will be based on these total hours.

If you will be providing a separate printed report which shows the employee names and total hours, you do not need to duplicate that information on this form. However, we do request that you submit this form with your report. For employee name, simply fill in "See Attached" and enter the total hours being reported for all employees in one of the "Week" columns. The total contribution due should match your company's report, plus/minus \$0.01.

If you have any questions, please do not hesitate to call our office @ 902-468-2283.