

# I.A.M. National 401(k) Fund Remittance Payment Form 401-K

Payment sent by: _____	OR	_____ (select one)
Check		Wire

Employer Code: \_\_\_\_\_

Pay Check Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Contribution Information:

Total Number of Employees: \_\_\_\_\_

Rate Paid: \_\_\_\_\_

# of Units: \_\_\_\_\_

Check Amount \$

Additional Payments, If Applicable:

Retroactive Payment For Rate Increase \_\_\_\_\_

For Period: \_\_\_\_\_

Missed Contributions for Prior Months (A) \_\_\_\_\_

For Period: \_\_\_\_\_

Liquidated Damages \_\_\_\_\_

For Period: \_\_\_\_\_

Interest \_\_\_\_\_

For Period: \_\_\_\_\_

Total Check Amount \$

Instructions:

If you are sending a check payment, please send this form with your check to our bank lockbox address at:

I.A.M. National 401(k) Fund  
99 M St. SE, Ste 600  
Washington D.C, 20003-4595

(A) If payment is being submitted for certain employees whose information was not reported in prior months, please attach a separate schedule showing the employee's name, social security number, units by month and rate paid.