

# MCAA

# MSCA

# PCA

## 2023 NSMA SIGNATOR CONTRIBUTION REPORT FORM

Contractor's Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (    ) \_\_\_\_\_

Membership  
ID No.

# \_\_\_\_\_

Date \_\_\_\_\_

Month(s) Covered \_\_\_\_\_

NOTE: Please discard all prior dues forms. This form should be submitted by all signators to the National Service and Maintenance Agreement (NSMA). Contribution payments should be calculated by multiplying .09 for all UA labor hours for general foremen, foremen, journeymen, servicemen, apprentices, helpers and tradesmen in your employ working in any UA jurisdiction. Minimum annual contribution for 2023 is \$720 (9 cents x 8,000 hours) per branch office. Please submit this form even if you have no UA labor hours to report this period. Failure to comply with MCAA/MSCA reporting and payment procedures may result in the Employer's inability to perform work under the National Service and Maintenance Agreement with the United Association.

All Service Hours Worked This Period		Service Contributions	Dues Payable This Report
	X .09 =		
PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:			Credit Balance (if any) - \$
<b>MCAA</b> <b>Department 0749</b> <b>Washington, DC 20073-0749</b> <i>Only our remittance address has changed.</i> <i>We are still located in Rockville, MD and you can still reach us at 301-869-5800 or via fax at 301-990-9690.</i>			Adj. Credit Balance or Balance Due \$

**Remittance  
Address**

Payments of membership dues are deductible for most members of a trade association under section 162 of the Internal Revenue code as ordinary and necessary trade or business expense. However, contributions or gifts to this organization are not deductible as charitable contributions for federal income tax purposes, since your association is a section 501 (c) (6) non-taxable entity under the Internal Revenue Service code.

Download digital copies of this form at [www.mcaa.org/forms](http://www.mcaa.org/forms).

\_\_\_\_\_  
Name and Title

**PLEASE RETURN A COPY OF THIS REPORT FORM WITH YOUR PAYMENT**

Form E