OHIO LABORERS Benefits

EMPLOYER'S REPORT OF CONTRIBUTION

TELEPHONE: 614-898-9006

REMIT TO: PO BOX 790 WESTERVILLE, OH 43086

TIN NUMBER	REFERENCE NUMBER		CHECK APPROPRIATE BOXES:			
CONTRACT		☐ We employed no laborers this month.				
CONTRACT			☐ Please make account temporarily inactive. (You will need to advise when reporting forms are needed again.)			
CONTRACTOR NUMBER	MONTH REPORTED		☐ Final Report. F			
			IMPORTANT: LIST	COUNTY		
EMPLOYER'S NAME AND ADDRESS			COUNTY IN WHICH WORK PERFORMED			
			CHECK: TYPE OF CONSTRUCTION ☐ HIGHWAY			
			☐ BUILDING ☐ MAINTENANCE ☐ OTHER:			
PLEASE READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING						
SOCIAL SECURITY NUMBER	FIRST NAM	1E	LAST NAM	ΛE	TOTAL HOURS FOR MON	ITH
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OLDC-OCA INSURANC		\$8.40	OCA ADMI	N FEE		0.08
LDC&C PENSION FUND OF OHIO \$4.15		OCA DUES		·	0.14	
LABORERS' DISTRICT COUNCIL \$0.35		OCA IND.	PROMOT	ION \$	0.05	
LECET		\$0.10				
TRAINING/APPRENT:	ICE	\$0.40				
TOTAL HOURS ALL PAGES:			TOTAL AMOUNT	DITE		
By submitting this report the employer hereby agrees to be bound by the Ohio Laborers TITLE			DATE	SIGNATURE		
Benefits' trust agreements and the current applicable Laborer bargaining agreement for the jurisdiction in which work is per contributions at standard rates to said Programs pursuant the	formed and the make					
MAKEO		AL AMOUNT	DAVABLE TO: OHIO	LABORERCE	DENIETITE	