

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: <input type="checkbox"/> We employed no laborers this month. <input type="checkbox"/> Please make account temporarily inactive. (You will need to advise when reporting forms are needed again.) <input type="checkbox"/> Final Report. Reason: _____
CONTRACT		
CONTRACTOR NUMBER	MONTH REPORTED	
EMPLOYER'S NAME AND ADDRESS		

IMPORTANT: LIST COUNTY

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 NAME	LAST NAME	TOTAL HOURS FOR MONTH

OLDC-OCA INSURANCE FUND	\$8.40	LECET	\$0.10
LDC&C PENSION FUND OF OHIO	\$4.15	LIUNA - TRI FUNDS	\$0.05
OHIO LABORERS ANNUITY FUND	\$1.00	OCA DUES	\$0.14
LABORERS' DISTRICT COUNCIL	\$0.35	OCA IND. PROMOTION	\$0.05
TRAINING/APPRENTICE	\$0.40	OCA ADMIN FEE	\$0.08

TOTAL HOURS ALL PAGES:	TOTAL AMOUNT DUE:						
By submitting this report the employer hereby agrees to be bound by the Ohio Laborers Benefits' trust agreements and the current applicable Laborers' Union collective bargaining agreement for the jurisdiction in which work is performed and the make contributions at standard rates to said Programs pursuant thereto.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;">DATE</td> <td style="width: 40%;">SIGNATURE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	TITLE	DATE	SIGNATURE			
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MAKE ONE CHECK FOR TOTAL AMOUNT PAYABLE TO: OHIO LABORERS BENEFITS							