

**EMPLOYER'S REPORT  
OF CONTRIBUTION**

|                             |                  |   |
|-----------------------------|------------------|---|
| TIN NUMBER                  | REFERENCE NUMBER | CHECK APPROPRIATE BOXES:<br><input type="checkbox"/> We employed no laborers this month.<br><input type="checkbox"/> Please make account temporarily inactive. (You will need to advise when reporting forms are needed again.)<br><input type="checkbox"/> Final Report. Reason: _____<br><b>IMPORTANT: LIST COUNTY</b><br>COUNTY IN WHICH WORK PERFORMED<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> CHECK: TYPE OF CONSTRUCTION <input type="checkbox"/> HIGHWAY<br><input type="checkbox"/> BUILDING <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> OTHER: _____ |
| CONTRACT                    |                  |   |
| CONTRACTOR NUMBER           | MONTH REPORTED   |   |
| EMPLOYER'S NAME AND ADDRESS |                  |   |

**PLEASE READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING**

| SOCIAL SECURITY NUMBER | FIRST NAME | LAST NAME | TOTAL HOURS FOR MONTH |
|------------------------|------------|-----------|-----------------------|
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|----------------------------|--------|--------------------|--------|
| OLDC-OCA INSURANCE FUND    | \$8.40 | LECET              | \$0.10 |
| LDC&C PENSION FUND OF OHIO | \$4.15 | OCA DUES           | \$0.14 |
| OHIO LABORERS ANNUITY FUND | \$1.00 | OCA IND. PROMOTION | \$0.05 |
| LABORERS' DISTRICT COUNCIL | \$0.35 | OCA ADMIN FEE      | \$0.08 |
| TRAINING/APPRENTICE        | \$0.40 |                    |        |

|   |       |                          |           |
|---|-------|--------------------------|-----------|
| <b>TOTAL HOURS ALL PAGES:</b>   |       | <b>TOTAL AMOUNT DUE:</b> |           |
| 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. | TITLE | DATE                     | SIGNATURE |
| <b>MAKE ONE CHECK FOR TOTAL AMOUNT PAYABLE TO: OHIO LABORERS BENEFITS</b>   |       |                          |           |