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 BO	XES:	
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. Reason:		
			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 BAC			CK CAREFULLY BEFORE COMPLETING		
SOCIAL SECURITY NUMBER	FIRST NAM		LAST NAME	TOTAL HOURS FOR MONTH	
		ĊO 40	I E CEM	ĊO 10	
OLDC-OCA INSURANCE FUND		•	LECET \$0.10		
		\$4.15	LIUNA - TRI FNDS \$0.05		
·		\$1.50	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 bo Benefits' trust agreements and the current applicable Laborer bargaining agreement for the jurisdiction in which work is perf contributions at standard rates to said Programs pursuant the	' Union collective ormed and the make		DATE SIGNATURE		
MAKE ONE CHECK FOR TOTAL AMOUNT PAYABLE TO: OHIO LABORERS BENEFITS					