

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: _____ IMPORTANT: LIST COUNTY COUNTY IN WHICH WORK PERFORMED <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
CONTRACT		
CONTRACTOR NUMBER	MONTH REPORTED	
EMPLOYER'S NAME AND ADDRESS		

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	TRAINING/APPRENTICE	\$0.40
CAP 265	\$0.05	LOCAL 265 PENSION	\$5.30
LABORERS' DISTRICT COUNCIL	\$0.35	DFWP	\$0.05

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