

OHIO LABORERS Benefits

EMPLOYER'S REPORT OF CONTRIBUTION

800 Hillsdowne Road · Westerville, OH 43081
TELEPHONE (614)898-9006
 TIN 31-6129964

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 _____ <input type="checkbox"/> Computerized report attached <input type="checkbox"/> Please send more reporting forms		
CONTRACT				
CONTRACTOR NUMBER	MONTH REPORTED			
EMPLOYER'S NAME AND ADDRESS				
		IMPORTANT: LIST COUNTY - CHECK - TYPE OF CONSTRUCTION		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">COUNTY IN WHICH WORK PERFORMED</td> </tr> <tr> <td style="text-align: center;">-----</td> </tr> </table>	COUNTY IN WHICH WORK PERFORMED	-----
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		<input type="checkbox"/> HIGHWAY <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> BUILDING <input type="checkbox"/> OTHER _____		

PLEASE READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING

SOCIAL SECURITY NUMBER	NAME OF LABORER LAST NAME	INITIAL	TOTAL HOURS FOR MONTH	SOCIAL SECURITY NUMBER	NAME OF LABORER LAST NAME	INITIAL	TOTAL HOURS FOR MONTH

TOTAL HOURS ALL PAGES =	PLEASE INDICATE THE FUNDS PAID:
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PLEASE DO NOT MAKE ADJUSTMENTS TO THIS FORM. ANY ADJUSTMENT REQUESTS MUST BE SENT UNDER SEPARATE COVER, WITH PROPER DOCUMENTATION, FOR REVIEW. YOU WILL BE NOTIFIED WITH THE RESULT OF THE REVIEW IN WRITING.

OLDC-OCA INSURANCE F	\$7.00	LIUNA - TRI FUNDS	\$0.05
LDC&C PENSION FUND O	\$3.80	OCA DUES	\$0.14
LABORERS ' DISTRICT C	\$0.35	OCA IND. PROMOTION	\$0.05
TRAINING/APPRENTICE	\$0.40	OCA ADMIN FEE	\$0.08
LECET	\$0.10		

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 Laborer's Union collective bargaining agreement for the jurisdiction in which work is performed and to make contributions at standard rates to said Programs pursuant thereto	TITLE	DATE	SIGNATURE
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MAKE ONE CHECK FOR TOTAL AMOUNT PAYABLE TO: OHIO LABORERS BENEFITS

- A. If employees have been pre-listed on the front of this form, they are the individuals who were reported to the Funds, on your last report. Delete names of any individuals not employed during the month being reported. Add names and social security numbers of any new employees. List the hours of each active employee.
- B. Indicate the county in which the work was performed and the type of construction work being performed.
- C. Use a separate monthly form for each collective bargaining agreement being reported.
- D. Hours reported must include all hours paid to laborers during the month for which the report is being submitted. Note: All employees working as laborers must be reported to the Funds WHETHER OR NOT THE LABORER IS A MEMBER OF A LOCAL UNION.
- E. Boxes are provided in the upper right hand corner of the report to relay certain information to the Benefits Office:
1. WE EMPLOYED NO LABORERS THIS MONTH: A report must be submitted each month, even if you employed no laborers. Otherwise, your account will appear as delinquent.
 2. PLEASE MAKE ACCOUNT TEMPORARILY INACTIVE: Check this box if you know you will not employ laborers for a period of months. If you check this box we will stop sending you reporting forms each month. You will need to contact the Benefits Office when you resume employing laborers, so that we can again send you forms.
 3. FINAL REPORT: Check this box only if you will not be submitting reports for the agreement to this office any longer. In the "reason" block explain why you will no longer be submitting reports and the effective date of the change.
- F. The Ohio Highway-Heavy-Municipal-Utility Construction Agreement and the local union building agreements require that a thirty-five cents (\$.35) per hour working dues assessment be paid to the **Laborers' District Council of Ohio**. Questions concerning the working dues assessment should be directed to the Laborers' Local Union in your area.
To calculate the amount to be included in this report, add the total obligated hours and multiply by \$.35. Include the payment with this report. These monies will be forwarded to **Laborers' District Council of Ohio**.
- G. Monies remitted for Ohio Contractors' Association dues, the Administrative Fee and the Ohio Construction Information fund are forwarded to the Ohio Contractors' Association. Therefore, requests for any refunds or adjustments for prior months must be submitted directly to the Ohio Contractors' Association, P.O. Box 909, Columbus, Ohio 43216
- H. Mail the report to the OHIO LABORERS BENEFITS, **PO Box 790, Westerville, Ohio 43086**, reports must be received in this office on or before the fifteenth (15th) day of the month following the close of the month during which hours were worked. Late reports will be assessed liquidated damages of 10% plus 1% compounded interest for each month of delinquency. Be sure to mail a copy to the local union office within whose jurisdiction the work was performed.
- I. Copies of the form must be preserved by the employer at his principle place of business, and must be available for inspection by duly authorized representatives of the OHIO LABORERS BENEFITS.