## **OHIO LABORERS** Benefits

## EMPLOYER'S REPORT OF CONTRIBUTION

**TELEPHONE: 614-898-9006** 

REMIT TO: PO BOX 790 WESTERVILLE, OH 43086

TIN NUMBER	REFERENCE NUMI	BER		CHECK APPROP	RIATE BOXE	S:	
CONTRACT			☐ We employed no laborers this month.				
- CONTINUE			☐ 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 BACK CAREFULLY BEFORE COMPLETING							
SOCIAL SECURITY NUMBER FIRST NAME			LAST NAM	ИΕ	TOTAL HOURS FOR MONTH		
OLDC-OCA INSURANCE FUND \$8.20			TRAINING/APPRENTICE \$0.40				
LDC&C PENSION FUND OF OHIO \$4.05			LOCAL 265 PENSION \$5.30			)	
LABORERS' DISTRICT COUNCIL \$0.35			LECET		\$0.10	)	
CAP 265 \$0.05							
		·					
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.			DATE	SIGNATURE			

MAKE ONE CHECK FOR TOTAL AMOUNT PAYABLE TO: OHIO LABORERS BENEFITS