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 APPROPI	RIATE BOXES:	
CONTRACT	<u> </u>		 □ We employed no laborers this month. □ 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:		
SOCIAL SECURITY NUMBER F		ME	LAST NAM	E TOTAL	HOURS FOR MONTH
	+				_
	1				
	1				
	-				
OLDC-OCA INSURANCE FUND \$8.20		TRAINING/APPRENTICE \$0.40			
		·			\$0.08
LABORERS' DISTRICT COUNCIL		\$0.35		A T. F.F.	\$0.14
	CI COONCIL	·			·
LECET	_	\$0.10	OCA IND.	PROMOTION	\$0.05
LIUNA - TRI FUND	S	\$0.05			
TOTAL HOURS ALL PAGES:			TOTAL AMOUNT	DITE	
By submitting this report the employer hereby agrees to be bound by the Ohio Laborers TITLE		TOTAL AMOUNT DUE: DATE SIGNATURE			
Benefits' trust agreements and the current applicable Labore bargaining agreement for the jurisdiction in which work is pe contributions at standard rates to said Programs pursuant the	rformed and the make				
MAKE (ONE CHECK FOR TO	TAL AMOUN	Γ PAYABLE TO: OHIO	LABORERS BENEFITS	