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: We employed no laborers this month. Please make account temporarily inactive. (You will need to advise when reporting forms are needed again.)		
CONTRACT					
CONTRACT					
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 NAME	TOTAL HOURS F	OR MONTH	
				+	
OIDC OCA TAICHDANCE EIND CO OO		CONCEDIA		\$0.18	
OLDC-OCA INSURANCE FUND \$8.20		CONSTRUCTION ADVANCE \$0.18			
LDC&C PENSION FUND OF OHIO \$4.05					
LABORERS' DISTRICT COUNCIL \$0.35					
TRAINING/APPRENTICE \$0.40					
LECET		\$0.10			
TOTAL HOURS ALL PAGES: TOTAL AMOUNT DUE:					
By submitting this report the employer hereby agrees to be bound by the Ohio Laborers TITLE			'	i: Nature	
Benefits' trust agreements and the current applicable Laborer bargaining agreement for the jurisdiction in which work is per contributions at standard rates to said Programs pursuant the	s' Union collective formed and the make				
MAKEO	NE CHECK EOD TOT	AL AMAGUNIT	DAVABLE TO: OHIO LAE	ODEDS DENEELTS	