EMPLOYER'S REPORT OF CONTRIBUTION

OHIO LABORERS Benefits

TELEPHONE: 614-898-9006

REMIT TO:
PO BOX 790
WESTERVILLE, OH 43086

TIN NUMBER	REFERENCE NUMBER
CONTRACT	
CONTRACTOR NUMBER	MONTH REPORTED
EMPLOYER'S NAME AND ADDRESS	

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.)**
- ☐ **Final Report. Reason:** _____

IMPORTANT: LIST COUNTY

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 FOR MONTH

OLDC-OCA INSURANCE FUND	$9.45
LDC&C PENSION FUND OF OHIO	$4.60
LABORERS' DISTRICT COUNCIL	$0.35
LECET	$0.10
TRAINING/APPRENTICE	$0.40

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.	TITLE	DATE	SIGNATURE

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