

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.) ☐ Final Report. Reason: _____ IMPORTANT: LIST COUNTY COUNTY IN WHICH WORK PERFORMED CHECK: TYPE OF CONSTRUCTION ☐ HIGHWAY ☐ BUILDING ☐ MAINTENANCE ☐ OTHER: _____
CONTRACT		
CONTRACTOR NUMBER	MONTH REPORTED	
EMPLOYER'S NAME AND ADDRESS		

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	LECET	\$0.10
LDC&C PENSION FUND OF OHIO	\$4.60	AGC ADMIN	\$0.05
ANNUITY FUND	\$1.00	AGC CONST ADV PROGRAM	\$0.15
LCD DEDUCTION	\$0.35		
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 <u>ONE</u> CHECK FOR TOTAL AMOUNT PAYABLE TO: OHIO LABORERS BENEFITS			