Laborers' International Union of North America

Local No. 758

OPERATING FUND

Operating Fund Report for all payroll Weeks Ending in Calendar Month of _____

Name of Employer _____

Address _____ Telephone No. _____

This Report is Due No Later than the 15th Calendar Day after the End of the Reported Month.

NAME OF EMPLOYEE (Initial and Last Name)	SOCIAL SECURITY NUMBER	HOURS WORKED	GROSS WAGES	3% OF GROSS WAGES
		TOTALS		

Contribution Rate 3% of Gross Wages

MAKE CHECKS PAYABLE TO:
LABORERS' LOCAL 758

FORWARD CHECK AND ONE COPY OF THIS FORM TO:

LABORERS' LOCAL 758
8497 LEAVITT RD, SUITE 2
AMHERST, OH 44001

Signature **Date**

WHITE - "UNION COPY" **YELLOW - "COMPANY COPY"**