

LABORERS' LOCAL 758 SUMMARY SHEET

Account #: _____ Month/Year: _____

Contractor's Name: _____

Address: _____

City, State, Zip _____

JOB COMPLETE:

NO MEN WORKING:

(If you have no payroll for the month mark the appropriate box above & remit this form only)

GROUP	HOURS WORKED	ANNUITY RATE	TOTAL AMT.
			\$
			\$
			\$
Totals			\$

Instructions:

- 1) Contributions are based on **HOURS WORKED** as reported to the Ohio State Laborers Health & Pension Funds.
- 2) Multiply total hours worked by the contribution rate.
- 3) Send **ONE** original completed form and detail report with **ONE** check to:

Northwestern Ohio Administrators Inc,
P.O. Box 1330 Holland, OH 43528-1330
(419) 248-2401 (800) 432-2924 (OH, MI, & IN)
FAX: (419) 255-7136

NEED MORE FORMS?
SUMMARY SHEET FORM
PAYROLL REPORT FORM

Payment Date: Payment for fringe benefit contributions and deductions are due on or before the 15th day of the month after the hours were worked (ex. June fringes are due by July 15th). Payments made after the 15th but prior to the end of the month, a liquidated damage assessment of 5% of the total due will be payable. Payments made during the second month delinquency, an additional 5% of the total will be payable. An additional 1% of the total will be due for each additional month of delinquency starting the third month.

I certify I have authority to submit this form and that the information contained in this report is a complete and accurate state of all employees working for us in accordance with existing labor agreements and that the employer listed above is bound to the appropriate bargaining agreements with Laborers' Local 758. THE TRUSTEES OF THE BENEFIT PLANS HAVE ESTABLISHED A PAYROLL AUDIT PROGRAM. PERIODIC AUDITS ARE AUTHORIZED BY THE VARIOUS COLLECTIVE BARGAINING AGREEMENTS. ANY FALSE STATEMENT OR REPRESENTATION MADE IN REPORTING ON THESE FORMS MAY SUBJECT YOU TO PROSECUTION UNDER 18 U.S.C. 1027.

Completed by: _____ Phone: _____

