LABORERS' LOCAL 758 SUMMARY SHEET

(419) 248-2401 (80) FAX: (419) 255-7136	P.O. Box 1	Northwest		2) Multiply to 3) Send ONE	Instructions: 1) Contributi							City, State, Zip	Address:	Contractor's Name:	Account #:	
(419) 248-2401 (800) 432-2924 (OTI, IVII, & IVI) FAX: (419) 255-7136	P.O. Box 1330 Holland, OH 43528-1330	Northwestern Ohio Adminstrators Inc,		otal hours worked borginal completed	ons are based on H i	Totals			GROUP							
924 (OH, IVII, & IV)	1528-1330	ators Inc,		2) Multiply total hours worked by the contribution rate.3) Send ONE orginal completed form and detail report with ONE check to:	ns: 1) Contributions are based on HOURS WORKED as reported to the Ohio State Laborers Health & Pension Funds.				HOURS WORKED							
				te. t with ONE check to	ported to the Ohio :				ANNUITY RATE			•	•	•		
				S .	State Laborers Healt	\$	S	4	\$ TOTAL AMT.						Month/Year:	
	PAYROLL REPORT FORM	SUMMARY SHEET FORM	NEED MORE FORMS?		h & Pension Funds.					(If you have no payroll for the month mark the appropriate box above & remit this form only)	NO MEN WORKING:		JOB COMPLETE:			

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 the total will be payable. An additional 1% of the total will be due for each additional month of delinquency starting the third month. damage assessment of 5% of the total due will be payable. Payments made during the second month delinquency, an additional 5% of 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

Payment Date: Payment for fringe benefit contribtutions and deductions are due on or before the 15th day of the month after the hours

or us in accordance with exsiting 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.
TRUSTEES OF THE BENEFIT PLANS HAVE ESTABLISHED A PAYROLL AUDIT PROGRAM. PERIODIC AUDITS ARE AUTHORIZED BY THE VARIOUS COLLECTIVE BARGAINING
REEMENTS. ANY FALSE STATEMENT OR REPRESENTATION MADE IN REPORTING ON THESE FORMS MAY SUBJECT YOU TO PROSECUTION UNDER 18 U.S.C. 1027.

Completed by:

PAYROLL REPORT FORM

PAYMENT DATE: "Benefits and deductions are due on or before the 15th day of the month following the month in which hours are worked. For payment after the 15th, but prior to the end of the month, a Liquidated Damage Assessment of 5% of the total due will be payable. For payment submitted during the second month of delinquency, an additional 5% of the total due will be payable. An additional 1% of the total due per month will be added for succeeding months of delinquency. (Refer to Collective Bargaining Agreement.)"

WORE FORMS NEI	ET FORM	SUMMARY SHEET FORM				
For Month/Yr. of: Social Security No. Name of Employee Units Wages Total Hours worker	EDED2	MORE FORMS NEE	-		10CL#	
OR PRINT CLEARLY) Social Security No. Name of Employee Cross wages Idea Hours worker						ame and Address
					Title	Signed by:
Jimen	See first column on Summary Shee	•	for us in accordance with t y stating this and which gr	statement of all employees working or COMPLETE" complete this form only	s a complete and accurate MEN WORKING" or "JOB	agreements in the Laborers' Local 758 area. If "NO I
Month/Yr. of: Social Security No. Name of Employee Gross wages Total Hours Worked	•		-	TOTALS		
Month/Yrt. of: Social Security No. Name of Employee Gross Wages Total Hours Worked						
Month/Yr. of: Social Security No. Name of Employee Gross Wages Total Hours Worked						
Month/Yr. of: Social Security No. Name of Employee Gross Wages Total Hours Worked	1					
Month/Yr. of: Social Security No. Name of Employee Gross Wages Idea Hours Worked						
Month/Yr. of: Social Security No. Name of Employee Gross Wages IDIA HOURS WORKED						
Month/Yr. of: Social Security No. Name of Employee Gross wages Total Hours worked	_1_					
Month/Yr. of: Social Security No. Name of Employee Gross Wages Total Hours Worked						
Month/Yr. of: Social Security No. Name of Employee Gross Wages Iolal Hours Worked						
Month/Yr. of: Social Security No. Name of Employee Gross Wages Total Hours Worked						
Month/Yr. of: Social Security No. Name of Employee Gross Wages Total Hours Worked						
Month/Yr. of: Social Security No. Name of Employee Gross Wages Iolal Hours Worked	<u>_</u>			:		
Month/Yr. of: Social Security No. Name of Employee Gross Wages Total Hours Worked						
Month/Yr. of: Social Security No. Name of Employee Gross Wages Total Hours vvorked	1					
Month/Yr. of: Social Security No. Name of Employee Gross Wages Iotal Hours Worked Hours Worked						
Weeks Ending: Social Security No. Name of Employee Gross Wages Total Hours Worked						
Weeks Ending: Social Security No. Name of Employee Gross Wages Total Hours Worked						
Month/Yr. of: Social Security No. Name of Employee Gross Wages Total Hours Worked						
Weeks Ending: Social Security No. Name of Employee Gross Wages Total Hours Worked					-	
Month/Yr. of: Weeks Ending: Social Security No. Name of Employee Gross Wages						
Month/Yr. of: Weeks Ending: Weeks Ending: Social Security No. Name of Employee Gross Wages						
Month/Yr. of:Weeks Ending:		iotal Hours Worked	Gross Wages	Name of Employee	Social Security No.	
			Weeks Ending:			(TYPE OR PRINT CLEARLY)
		. •				For Month Or of

Phone Number:

PAYROLL REPORT FORM

Rev. 01/2019