

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	4% of Gross Wages
Contribution Rate 3% of Gross Wages			TOTALS	

**MAKE CHECKS PAYABLE TO:
 LABORERS' LOCAL 758**

FORWARD CHECK AND ONE COPY OF THIS FORM TO:

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

Signature

Date

