Laborers' International Union of North America
Local No. 758

Charles Brooky
Business Manager/
Secretary-Treasurer

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 (FIRST & LAST NAME)	SOCIAL SECURITY NUMBER	HOURS WORKED	GROSS WAGES	4% OF GROSS WAGES
Contribution Rate 4% of Gross Wages	**TOTALS**			

MAKE CHECKS PAYABLE TO:
LABORERS' LOCAL 758

Laborers' Local #758
8497 Leavitt Rd. Suite 2
Amherst, OH 44001
Phone: 440-277-4210
Fax: 440-277-9929

Signature: _____ Date: _____