

1996 BYPASS SOUTH
LAWRENCEBURG, KY 40342

MONTHLY CONTRACTOR REMITTANCE FORM

IMPORTANT!! If there is no work to report for Work Month, please complete below:
Mo./Yr.: _____ No Work ["X"]: _____

IMPORTANT!! Employer must advise "PROJECT", "JOB LOCATION", "AGREEMENT" for monies to be dispersed to correct parties!

THIS REPORT IS FOR (Please put Work Month & Year Here): _____ Month _____ Year **DUE DATE IS 10TH OF MONTH FOLLOWING WORK MONTH**

CONTRACTOR INFORMATION	JOB INFORMATION (Please Complete)	PLEASE REFER TO AGREEMENT FOR CURRENT RATES				AUDIT ONLY:	
FEDERAL TAX ID:	PROJECT [Give Name or Description]	Rate	x	Hours	=	TOTAL	
CONTRACTOR'S NAME:		KY H&W	\$8.35	x		=	
		KY Training	\$0.55	x		=	
CONTRACTOR'S ADDRESS:	JOB LOCATION - COUNTY & STATE	KY LECET	\$0.23	x		=	
		TriFunds/Regl LECET	\$0.11	x		=	
Contractor's Fax #:	TYPE OF AGREEMENT: [Check One]	DEROC	\$0.25	x		=	
		KLDC Work Preservation Mkt	\$0.20	x		=	
Contractor's Email:	_____ Indust Bldg Construction (1214 & 1392)	189 Drug & Safety	\$0.05	x		=	
		576 Const Drug Test Fund	\$0.05	x		=	
THIS REPORT PREPARED BY:	_____ Residential & Light Commercial (189)	1392 Drug & Safety	\$0.05	x		=	
	_____ Regular Bldg Agreement (189)	1445 Drug & Safety	\$0.12	x		=	
Date:	_____ Local Collective Bargain. Agr. (1445)	1445 LTD & CAP	\$0.13	x		=	
Phone #:	_____ Bldg Construction Agreement (576)	Work Dues (5% of gross wages)	\$ _____	x	5%	=	
Fax #:	_____ Statewide Heavy & Highway	0.8		0.2			
Email:	_____ TVA	LPL (w/ Member Auth)	\$0.05	x		=	
[] FINAL REPORT (v if applicable) [] NEED FORMS (v if applicable)	_____ National Agreement (Specify)	Hwy Contractors Fund HCIAF	\$0.01	x		=	
	_____ Other (Specify)	Statewide Vacation Fund	\$ _____	x		=	
WORK PERFORMED IN JURISDICTION OF LABORERS LOCAL UNION NUMBER: [Circle One] [1] 189 [2] 576 [3] 1214 [4] 1392 [5] 1445		OTHER	\$0.00	x		=	
MAIL GREEN COPY & PENSION CHECK TO: Laborers Na'tl Pension Fund P. O. Box 803415, Dallas, TX 75380-3415		[State Type for above: _____] Make Check Payable To KENTUCKY LABORERS HEALTH & WELFARE FUND For Amount Of: \$ _____					
MAIL PHOTOCOPY OF REPORT & PACAF CHECK TO: 1214/1392 PACAF 2201 McCracken Blvd., Paducah, KY 42001		1214 PACAF Ind	\$ _____	x	_____		
White Copy & check for KY Laborers Health & Welfare & all other contrib/dues go to: KY Laborers Health & Welfare Fund - Contrib/Dues Processing Dept. 1996 Bypass South, Lawrenceburg, KY 40342		Make Check Payable To PACAF For Amount Of: \$ _____					
EMPLOYEE NAME	EMPLOYEE SSN	H & W HOURS	PENSION HOURS	GROSS WAGES	WORK DUES	LOCAL DUES GO TO	
TOTALS:							

COPIES OF FORM GO TO: WHITE -- WELFARE FUND GREEN -- PENSION FUND YELLOW -- EMPLOYER

IF MORE PAGES ARE NEEDED, EMPLOYER MAY ATTACH HIS OWN REPORT (WITH EMPLOYEE INFO SHOWN ABOVE) OR MAY REQUEST "ADDITIONAL PAGES" FORM FROM HEALTH & WELFARE FUND.