

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND

1996 BYPASS SOUTH

LAWRENCEBURG, KY 40342

TELEPHONE: (502) 839-8166

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MONTHLY CONTRACTOR REMITTANCE REPORT (NON-CONSTRUCTION EMPLOYERS)

REPORT FOR ELIGIBILITY MONTH/YEAR OF _____

[DUE DATE IS THE 10TH OF THE MONTH IMMEDIATELY PRECEDING ELIGIBILITY MONTH]

FEDERAL TAX ID:		CONTRIBUTIONS OWED:			FOR AUDIT ONLY:		
CONTRACTOR'S NAME:		\$ _____ (KY Laborers Health & Welfare Contrib per Employee per Mo.)					
CONTRACTOR'S ADDRESS:		x _____ (Number of Employees Reported)					
Contractor's Phone #:		THIS REPORT PREPARED BY:			SEND CHECK AND FORM TO: Kentucky Laborers Health & Welfare Fund Contribution/Dues Processing Dept. 1996 Bypass South Lawrenceburg, KY 40342		
Contractor's Fax #:		NAME: _____					
Contractor's Email:		DATE: _____					
WORK PERFORMED IN JURISDICTION OF (Circle One):		PHONE #: _____			MAKE CHECK PAYABLE TO: KY LABORERS HEALTH & WELFARE FUND		
Local 189 Local 576 Local 1214 Local 1392 Local 1445		FAX #: _____					
		EMAIL: _____					
#	EMPLOYEE SSN	EMPLOYEE NAME	EMPLOYEE ADDRESS	HOURS WORKED	JOB CLASSIFICATION	INITIATION DATE	TERMINATION DATE

If you are reporting more than 8 employees, copy this report and use it as additional pages. Also, please make copies of your completed report each month for your records