

PHONE: (502) 839-8166

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
1996 BYPASS SOUTH
LAWRENCEBURG, KY 40342

FAX: (502) 859-0976

MONTHLY CONTRACTOR REMITTANCE FORM

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

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

CONTRACTOR INFORMATION PROJECT: _____ **PLEASE REFER TO AGREEMENT FOR CURRENT RATES** **AUDIT ONLY:**

FEDERAL TAX ID: _____

CONTRACTOR'S NAME: _____

CONTRACTOR'S ADDRESS: _____

COUNTY & STATE [Job Location]

TYPE OF AGREEMENT: [Check One]

Contractor's Phone #: _____

Contractor's Fax #: _____

Contractor's Email: _____

THIS REPORT PREPARED BY: _____

Name: _____

Date: _____

Phone #: _____

Fax #: _____

Email: _____

FINAL REPORT (✓ if applicable)

NEED FORMS (✓ if applicable)

WORK PERFORMED IN JURISDICTION OF LABORERS LOCAL UNION NUMBER: [Circle One] [1] 189 [2] 576 [3] 1214 [4] 1392 [5] 1445

MAIL GREEN COPY & PENSION CHECK TO: Laborers Nat'l Pension Fund
P. O. Box 803415, Dallas, TX 75380-3415

MAIL PHOTOCOPY OF REPORT & PACAF CHECK TO: 1214/1392 PACAF
2201 McCracken Blvd., Paducah, KY 42001

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.
CONTRIB - DUES PROCESSING/2021 REVISED CONTRIB REPT FORM - DRAFT 2