

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND

1996 BYPASS SOUTH

LAWRENCEBURG, KY 40342

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

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