PHONE: (502) 839-8166

for Work Month, please complete below:

If there is no work to report

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND 1996 BYPASS SOUTH

FAX: (502) 859-0976

LAWRENCEBURG, KY 40342

for Work Month, please complete below.			i com			
	MONITERCONI	TO A ACINITIANA		ATE IS 10TH OF MON	DITE DATE IS 10TH OF MONTH FOLLOWING WORK MONTH	K MONTH
CONTRACTOR INFORMATION	JOB INFORMATION (Please Complete)		AGREEMENT F	JRRENT RATES		AUDIT ONLY:
FEDERAL TAX ID:	PROJECT [Give Name or Description]	М &Н ҮХ	Rate x	Hours	= TOTAL	
CONTRACTOR'S NAME:	- 1	KY Training KY LECET	\$0.45 × \$0.33 ×	in in	& &	
CONTRACTOR'S ADDRESS:	COUNTY & STATE [Job Location]	TriFunds/Regl LECET DEROC KLDC Work Preservation Mkt Recovery Hwy Contractors Industry Advancement	\$0.10 × \$0.25 × t Recovery \$0.20 × rancement \$0.01 ×	я я поп	s s s s	
つうさょうさく ロカラコウ は・	TYPE OF AGREEMENT: [Check One] Industrial Bldg Construction (1214 & 1392)	189 Drug & Safety 1445 Drug & Safety	\$0.05 ×	п п	<i>\$</i> 9 <i>\$</i> 9	
Contractor's Fax #:	Residential & Light Commercial (189) Regular Blda Agreement (189)	1445 BTD & CAP 1392 Drug & Safety	250 3000	n u	÷	
Contractor's Email:	Local Collectiive Bargain. Agr. (1445) Bldg Construction Agreement (576)	576 Const Drug Test Fund Work Dues (4% of gross wages)		и п	<i>\$</i>	
THIS REPORT PREPARED BY: Name:	Statewide Heavy & Highway	[3% to Local = \$ LPL (w/ Member Authorization)	AND 1% to KLDC = \$_ \$0.05 x _		 \$	
Date: Phone #:	National Agreement (Specify)	OTHER [State Type for above:	×] =	\$	
Fax #: Email:	Other (Specify)	Make Check Payable To KENTUCKY LABORERS HEALTH	EALTH & WELFARE FUND For Amount Of:	For Amount Of:	\$	
[] FINAL REPORT (v if applicable) [] NEED FORMS (v if applicable)		1214 / 1392 PACAF Ind \$Make Check Payable To PACAF For Amount Of:	\$X ACAF For Amount Of:		s.	
WORK PERFORMED IN JURISDICTION OF LABORERS LOCAL UNION NUMBER: [Circle One] [1] 189 [2] 576 [3] 1214 [4] 1392 [5] 144	ABORERS LOCAL UNION NUMBER: [3] 1214 [4] 1392 [5] 1445	Laborers Nat'l Pension \$Make Check Payable To LABORE		FUND For Amt Of:	6 9	
MAIL GREEN COPY & PENSION CHECK TO: Laborers Na'tl Pension Fund	MAIL PHOTOCOPY OF REPORT & PACAF 1214/1392 PACAF	AF CHECK TO:	White Copy & check for KY Laborers Health & Welfare & all of KY Laborers Health & Welfare Fund - ContribiDues Processing Dept.	KY Laborers Health & are Fund - Contrib/Dues	Copy & check for KY Laborers Health & Welfare & all other contrib /dues go to: borers Health & Welfare Fund - Contrib/Dues Processing Dept.	intrib /dues go to:
P. O. Box 803415, Dallas, TX 75380-3415	2201 McCracken Blvd., Paducah, KY 42001		1996 Bypass South, Lawrenceburg, KY 40342	nceburg, KY 40342		
EMPLOYEE NAME	EMPLOYEE SSN	H & W HOURS	PENSION HOURS	GROSS WAGES	WORK DUES	LOCAL DUES GO TO:
COPIES OF FORM GO TO: WHITE WELFARE FUND	ARE FUND GREEN PENSION FUND	YELLOW EMPLOYER		מדניי רספון רססון עראן דע	O WEI EADE EIND	