Effective 6/1/06

# COMBINED REPORTING FORM

PLEASE FILE IN DUPLICATE,
THIRD COPY IS FOR YOUR FILES.

**CONSTRUCTION AND GENERAL LABORERS LOCAL UNION NO. 980 WORKING DUES FUND**
**LABORERS POLITICAL LEAGUE**
**VA/NC LABORERS DISTRICT COUNCIL CHECKOFF**
**LABORERS TRUST FUND**
**LABORERS PENSION FUND**
**LABORERS LOCAL UNION NO. 980 TRAINING TRUST FUND**
**SOUTHWEST VIRGINIA CONTRACTORS ASSOCIATION, INC. INDUSTRY ADVANCEMENT FUND**
**LABORERS-EMPLOYERS COOPERATION & EDUCATION TRUST (L.E.C.E.T.)**

P.O. BOX 13487
ROANOKE, VIRGINIA 24034

CONTROL SHEET NO. _____

EMPLOYER ID NO. _____

**EMPLOYER'S MONTHLY REPORT OF CONTRIBUTIONS**

NAME OF EMPLOYER _____ DATE _____

ADDRESS _____

_____ (Zip No.) _____ TELEPHONE _____

EIN # _____ REPORT FOR MONTH OF _____

**Covering Payroll Periods Ended 1** _____, **2** _____, **3** _____, **4** _____, **5** _____

| EMPLOYEE'S SOC. SEC. NUMBER | (PLEASE FURNISH ADDRESSES ON ALL NEW EMPLOYEES.) EMPLOYEE'S NAME (LAST) (FIRST) (INITIAL) | SHOW NO. HOURS WORKED IN EACH WEEKLY PAYROLL PERIOD. 1 | 2 | 3 | 4 | 5 | TOTAL HOURS WORKED 6 | GROSS PAY 7 | WORKING DUES 8 | INITIATION FEES 9 | LPL 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
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**Employee Deductions**

| | | | |
|---|---|---|---|
| Working Dues | 2.5% Gross Wages | | $_____ |
| *Initiation Fees | | | $_____ |
| LPL Contributions | | | $_____ |
| VA/NC LDC Check-Off | .10 | x_____ hrs. | $_____ |

**Employer Contributions**

| | | | |
|---|---|---|---|
| Health & Welfare | $3.00 | x_____ hrs. | $_____ |
| Pension | 1.00 | x_____ hrs. | $_____ |
| Training | .50 | x_____ hrs. | $_____ |
| SW VA Contrs. Assn. | .05 | x_____ hrs. | $_____ |
| L.E.C.E.T. | .10 | x_____ hrs. | $_____ |
| | | TOTAL | $_____ |

☐ CHECK HERE WHEN JOB IS COMPLETED.

☐ CHECK HERE FOR ADDITIONAL FORMS.

Job Location _____
(City of County)

TOTAL NO. OF EMPLOYEES _____

*Initiation Fees are to be withheld at only $5.00 per day worked. You will be notified by Local 980 if you need to remit Initiation Fees.

**INSTRUCTIONS**

1. Indicate job location by city or county.
2. Indicate in appropriate block if additional forms are needed.
3. Indicate total hours worked in column 6.
4. Indicate gross pay in column 7.
5. Indicate amount of working dues (2.5% of gross pay) in column 8.
6. Indicate amount of initiation fees in column 9.
7. Indicate amount of LPL contributed by employee in column 10.
8. Make one check payable to LABORERS TRANSMITTAL ACCOUNT for all funds.
9. Payments must be remitted by 10th of each month.
10. Please be sure to include addresses on all new employees.
11. Please enter the company EIN#

Mail Check with two (2) copies to:
LABORERS TRUST FUND
Administrative Office, P.O. Box 13487, Roanoke, Virginia 24034

(TRUST COPY - WHITE) (LOCAL 980 COPY - YELLOW) (EMPLOYER'S COPY - PINK)

60483 Art-Rke., VA 24011

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