

COMBINED EMPLOYER REPORT OF CONTRIBUTIONS – GENERAL INSTRUCTIONS

- A. Reports must be submitted each and every month, even though no hours have been compensated during the month.
- B. The hours reported must include all hours compensated during the period covered by the report.
- C. Copies of the Combined Employer Report of Contributions and Continuation Sheets must be carefully preserved by the Employer at his principal place of business and should at all times be available for inspection by duly authorized representatives of the Funds.
- D. Report details of any change of ownership, address or activity on a separate attachment.
- E. All payments should be sent to the Bank. All correspondence relating to such payments or to any of the Funds or Escrow Accounts should be addressed to the administrative office. Please refer to your Employer Number when corresponding.
- F. All requested information on both forms MUST be completely filled out for the Trust Fund office to be able to process the employee's fringe benefits.

INSTRUCTIONS FOR FILLING OUT THE REPORT

- G. **SIGNATURE, TITLE, DATE:** This report must be signed by (1) the individual, if the employer is an "individual"; (2) the president, treasurer, or other officer if the employer is a corporation; or (3) a responsible and duly authorized member having knowledge of the firm's affairs if the employer is a partnership or other unincorporated organization. The signer's title and date on which the report is signed must also be shown. If no work was performed during this period, check box at top of form, sign and return.
- H. **QTY COLUMN:** Enter the total of all hours for all Employees on the Report with the matching Work Classification. If there are no Employees with the Work Classification enter Zero (0) and strike a line through all the rows of the Work Classification
- I. **ER CONTRIB COLUMN:** Enter Qty times the Rate indicated.
- J. **ADJUSTMENT COLUMN:** Enter total adjustment dollar amount for that Work Classification and Fund. Any adjustment made necessary by reason of error on any previous report shall be detailed on a separate sheet of paper for each individual concerned
- K. **TOTAL COLUMN:** Enter ER Contributions plus or minus any Adjustments for that row. Add amounts shown in each of the columns together and enter in total column.
- L. **TOTAL REMITTED:** Grand Total Dollar Amount of the Total Column. Includes all Work Classifications.
One check for the total amount must be forwarded to the Bank, as stated under General Instruction Item E, together with the original Combined Employer Report of Contributions and Employer's Combined Report of Contributions Continuation Sheet.

INSTRUCTIONS FOR FILLING OUT THE CONTINUATION SHEET

- M. **Item (1) EMPLOYERS NAME:** Enter the employer's name.
- N. **Item (2) EMPLOYER #:** Enter employer number.
- O. **Item (3) WORK PERIOD FROM and TO:** Enter the start and end date of the work period in mm/dd/yyyy format.
- P. **Item (4) EMPLOYEE'S SOCIAL SECURITY NUMBER:** Enter the employees insurance account number issued to him or her by the Social security Board.
- Q. **Item (5) NAME OF EMPLOYEE:** Enter the last name, first name and middle initial.
- R. **Item (6) EMPLOYEE WORK CLASSIFICATION:** Enter the work classification as noted on the Report of Contributions. Such as, J for journeyman, P1 for a 65% - 70% Apprentice or P2 for a 75% - 90% Apprentice.
- S. **Item (7) DATE OF BIRTH:** Enter the employee's date of birth in mm/dd/yyyy format.
- T. **Item (8) HOURS COMPENSATED WEEK ENDING DATE:** Enter the week ending date at the top of each column and then enter the hours worked per employee listed for each weekending you entered. (This section is optional.)
- U. **Item (9) TOTAL HOURS COMPENSTATED FOR MONTH:** Enter the total hours worked that month per each employee listed. (This section is mandatory.)
- V. **Item (10) TOTAL HOURS FOR THIS PAGE:** Enter the total for all of hours entered in column 9.
- W. **Note:** In lieu of completing a Continuation Sheet you may submit a spreadsheet or payroll report containing all of the information requested above in items 1 through 10.

SECTION 227 OF THE CALIFORNIA LABOR CODE PROVIDES AS FOLLOWS: "Whenever an employer has agreed with any employee to make payments to a health or welfare fund, pension fund or vacation plan or other such plan for the benefit of the employees, or a negotiated industrial promotion fund, or has entered into a collective bargaining agreement providing for such payments, it shall be unlawful for such an employer willfully or with intent to defraud to fail to make the payments required by the terms of any such agreement. A violation of any provision of this section where the amount the employer failed to pay into the fund or funds exceeds five hundred dollars (\$500) shall be punishable by imprisonment in the state prison for a period of not more than five years or in the county jail for a period of not more than one year, by a fine of not more than one thousand dollars (\$1,000), or by both such imprisonment and fine. All other violations shall be punishable as a misdemeanor."

Dear Reporting Employers,
Beginning February 2018, your contribution reporting form will have a new look. Here is an example of what you will be receiving.

It's a front and back form to allow you more room for completion. Many fields have been moved to the back page.

Please remember to sign the front page upon completion of your remittance before mailing.

Your continuation sheet has had a makeover as well.

You can contact Employer Services at (707) 863-3480 extension 267 or 270 if you have any questions.

NO. 80-10104
REV. 07/09
JOA9 [1] 1 of 1

Combined Employer Report of Contributions
Northern California Laborers
220 Campus Lane
Fairfield CA 94534-1498

Front Page - Example

Forwarding Service Requested

Employer Name _____ 1
Employer Address _____

COMBINED EMPLOYER REPORT OF CONTRIBUTIONS

WORK PERIOD

Work Period: 02-01-2018 to 02-28-2018

IF NO LABORERS WERE EMPLOYED DURING THIS MONTH, CHECK HERE ()

Report Information

Employer #:	12345	Agreement:	LAB MASTER AGREEMENT
Reference #:	A12345	Location:	ANY

PLEASE SEND CHECK AND ORIGINAL COPY OF THIS REPORT TO:
LABORERS TRUST FUNDS FOR NORTHERN CALIFORNIA
P.O. BOX 882913
SAN FRANCISCO, CA 94188-2913

PLEASE FILL OUT REPORT DETAIL ON THE BACKSIDE OF THIS REPORT.
AUTHORIZED SUBMITTER PLEASE SIGN AND DATE BELOW PRIOR TO SUBMITTING.

SIGNATURE

TITLE

PRINT NAME

DATE

Additional Information

Whether or not this report is signed, the employer submitting this report hereby certifies that the information contained herein is correct, that all hours worked or paid to Laborers during the period covered are reported herein, and that if it has not already done so, agrees to be bound by all of the terms of the Union's Collective Bargaining Agreement which covers the type and kind of work the employer performs and which establishes the fringe benefit contribution rates set forth herein, and agrees to be bound by all the terms of the Trust Agreements and applicable to the Northern California Laborers' Trust Funds, including the provisions therein for liquidated damages, as required by section 302(c)(5)(b) of the National Labor Relations Act and states that all payments reported herein are made in accordance with collective bargaining agreement(s) and applicable trust agreements and that it authorizes the depository bank to transfer the monies remitted herewith to the appropriate funds in accordance with the instructions issued by the Trustees thereof. The acceptance and cashing of any checks for such contributions, and the disposition of the monies covered thereby in accordance with this Trust Agreement, shall not release or discharge an Employer from his or its obligations under the collective bargaining agreement(s) for hours worked under said agreements for which no contribution has actually been received, notwithstanding any statement, restriction, or qualification appearing on the check or any attachment thereto. Report must be filed even if no employees worked this month. The individual submitting this report certifies under penalty of perjury that he or she is duly authorized by the above-named employer to submit this report on behalf of such employer.

You can contact us by phone at (707) 863-3480, fax us at (707) 864-5856 or e-mail AR@norcalaborers.org

Report Information

Employer #:	12345	Agreement:	LAB MASTER AGREEMENT
Reference #:	A12345	Location:	ANY

Fund	Fund Name	Qty	Rate	ER Contrib.	Adjustment	Total
J	JOURNEYMAN					
LANN	LAB ANNUITY	_____	3.04	_____	_____	_____
LHW	LAB H&W, RET-H&W	_____	8.00	_____	_____	_____
LPEN	LAB PENSION	_____	8.96	_____	_____	_____
LTRN	LAB TRAINING	_____	0.45	_____	_____	_____
LVAC	LAB VACATION	_____	2.63	_____	_____	_____
1	65%-70% APPRENTICE					
LHW	LAB H&W, RET-H&W	_____	8.00	_____	_____	_____
LTRN	LAB TRAINING	_____	0.45	_____	_____	_____
LVAC	LAB VACATION	_____	0.91	_____	_____	_____
2	75%-90% APPRENTICE					
LANN	LAB ANNUITY	_____	3.04	_____	_____	_____
LHW	LAB H&W, RET-H&W	_____	8.00	_____	_____	_____
LPEN	LAB PENSION	_____	8.96	_____	_____	_____
LTRN	LAB TRAINING	_____	0.45	_____	_____	_____
LVAC	LAB VACATION	_____	2.63	_____	_____	_____
Total Remitted: \$						_____

Back Page - Example

EMPLOYER'S COMBINED REPORT OF CONTRIBUTIONS CONTINUATION SHEET

EMPLOYER'S NAME :					WORK PERIOD FROM :									
EMPLOYER #:					WORK PERIOD TO :									
DATE OF BIRTH	NAME OF EMPLOYEE (TYPE OR PRINT)			SOCIAL SECURITY NUMBER			WORK CLASS	TOTAL HOURS COMPENSATED FOR MONTH	HOURS COMPENSATED WEEK ENDING DATE					
	LAST	FIRST	MI	SSN										
TOTAL HOURS FOR THIS PAGE:														

THIS CONTINUATION SHEET SHALL BE USED TO COMPLETE THE COMBINED EMPLOYER REPORT OF CONTRIBUTIONS. PLEASE MAKE COPIES IF MORE ROOM IS NEEDED AND RETAIN A COPY OF ALL FORMS FOR YOUR RECORDS AND RETURN THE ORIGINALS WITH YOUR PAYMENT.