

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 employee's 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."

Here is a sample of your Combined Employer Report of Contributions

- Each Employer is assigned a single Employer Number
- An Employer can have multiple Agreements with the Trust Funds
- Different Agreements are Reported on Separate COMBINED EMPLOYER REPORTS OF CONTRIBUTION (REMITTANCE REPORTS)
- Hours reported must include the Member's Work Classification and Birth Date. – See enclosed Employer's Combined Report of Contributions Continuation Sheet.



NORTHERN CALIFORNIA LABORERS COMBINED EMPLOYER REPORT OF CONTRIBUTIONS

220 CAMPUS LN - FAIRFIELD CA 94534 - TELEPHONE (707)864-2800 FAX (707)864-5856

This report is due and payable on or before the 15th day following the month in which employment occurred

Work Period: 01-01-2017 to 01-31-2017

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

SIGNATURE _____ DATE _____

SEND CHECK AND ORIGINAL OF THIS REPORT TO:
LABORERS TRUST FUNDS FOR NORTHERN CALIFORNIA
P O BOX 582913
SAN FRANCISCO CA 94188-2913

ABC Construction
220 Campus Lane
Fairfield CA 94534



Reference#: G30002
Employer#: 50003

Agreement: LAGCMaster
Location:

Fund	Fund Name	Qty	Rate	ER Contrib.	Adjustment	Total
J	JOURNEYMAN					
LANN	LABORERS ANNUITY TRUST FUND		2.1000			
LCA	LAB CONTRACT ADMIN		0.0800			
LHW	LABORERS HEALTH & WELFARE		7.8400			
LISF	ISF		0.1400			
LPEN	LABORERS PENSION TRUST FUND		8.9600			
LTEN	LAB TRAINING		0.4500			
LVAC	LAB VACATION		2.6300			
1	65%-70% APPRENTICE					
LCA	LAB CONTRACT ADMIN		0.0800			
LHW	LABORERS HEALTH & WELFARE		7.8400			
LISF	ISF		0.1400			
LTEN	LAB TRAINING		0.4500			
LVAC	LAB VACATION		0.9100			
2	75%-90% APPRENTICE					
LANN	LABORERS ANNUITY TRUST FUND		2.1000			
LCA	LAB CONTRACT ADMIN		0.0800			
LHW	LABORERS HEALTH & WELFARE		7.8400			
LISF	ISF		0.1400			
LPEN	LABORERS PENSION TRUST FUND		8.9600			
LTEN	LAB TRAINING		0.4500			
LVAC	LAB VACATION		2.6300			

Total Remitted: \$\$

Trust Fund Message / Comment:

By submitting this report the undersigned certifies that the information contained on this sheet and all continuation sheets is correct, that all compensated hours paid to the laborers employed by the undersigned during the period covered are reported herein, that the undersigned is bound by, and all payments reported herein are made under and pursuant to the laborers Master Agreement, the laborers Master Trust Agreement and/or any other written agreements applicable to the funds as required by section 302(c)(5)(b) of the Labor Management Relations Act, that all persons reported are employees of such employer within the meaning of that act and ERISA, that the depository bank is authorized by the undersigned to transfer the monies remitted herewith to the appropriate Funds or Escrow accounts in accordance with instructions issued by the appropriate Boards of Trustees, or Bargaining agents and that this report, whether or not signed in the space provided below, is being submitted by the employer or a duly authorized representative of the employer.

B08934*170

Work Period - From and Thru Date

Reference # - precisely identifies this Remittance Report to the Fund. It is specific to the Employer/Agreement and Work Period. If you want to report a different Work Period or Agreement you should not photocopy a Remittance Report. Call the Fund Office for help.

Employer # - shows your assigned single Employer Number.

Agreement - shows the agreement under which you are reporting your employees on this remittance.

Location - only populated if this Remittance Report is targeted to employees working on a specific job.

Work Classification - In the new system, all your Work Classifications are reported on a single Remittance Report. To the left of the Work Classification Description there is a 1-3 letter Work Classification Code. You will use this on the Continuation Sheet (or payroll report) where you enter Employee Hours.

Total Remitted - this is the Total Remitted for all Work Classifications on the Report.

Please call the Employer Services at the Fund Office with any questions (707) 864-2800 ext. 269 or 267.

LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
 LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA
 LABORERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA
 LABORERS VACATION-HOLIDAY TRUST FUND FOR NORTHERN CALIFORNIA
 LABORERS TRAINING AND RETRAINING TRUST FUND FOR NORTHERN CALIFORNIA

**EMPLOYER'S COMBINED REPORT OF CONTRIBUTIONS
 CONTINUATION SHEET**

PAGE NO. _____

(1) EMPLOYER'S NAME (2) EMPLOYER #:							(3) WORK PERIOD FROM : _____ TO : _____						
(4) LABORER'S SOCIAL SECURITY NUMBER			(5) NAME OF EMPLOYEE (TYPE OR PRINT) LAST FIRST MI			(6) WORK CLASS	(7) DATE OF BIRTH	(8) HOURS COMPENSATED WEEK ENDING DATE					(9) TOTAL HOURS COMPENSATED FOR MONTH
													(10) TOTAL HOURS FOR THIS PAGE