

Construction Industry Program Contribution Remittance Reports Preparation Instructions.

1. ***Contract Number** - This is the number assigned to the labor agreement between the employer and the Union.
2. ***Contract Name** - This identifies the contract as an association or independent agreement.
3. **Period Ending** - Enter your payroll ending date for the month you are reporting.
4. ***Due No Later Than** - This is the date your report and payment must be received by the Administrative Office. Reports or payments received after this date will be assessed penalties in accordance with your labor agreement.
5. **No Longer in this Area** - Check this box if you have completed a project and no longer employ personnel within the contract area.
6. **No Work Under This Contract** - Check this box if you do not have personnel employed under the contract number and name on the pre-printed reporting form.
7. ***Employer Number** - This is your identification number at the Administrative Office. Always use this number when corresponding with our office about your account.
8. **Employer Name and Address** - Your name and address as recorded on our files. If incorrect, please show correct address in section 9. Subsequent reports will reflect updated information.
9. **Address Change** - Enter address change in the space provided.
10. ***Employee Social Security Number** - As recorded on previous Contribution Remittance Reports filed with the Administrative Office. Please notify our office, if you would like social security numbers and names of your employees omitted from your pre-printed forms.
11. ***Employee Name** - As recorded on previous Contribution Remittance Reports filed with the Administrative Office. If you had additional employees performing reportable work who are not pre-listed, place the names and social security numbers after the last pre-listed name. Added names will appear on subsequent pre-printed reports.
12. **Local Union** - Many contracts specify that you enter the number of the local union in whose jurisdiction the work was performed. For additional information refer to example I provided in the back of this booklet.
13. **Reporting Gross Wages** - If your agreement under the contract number and name requires that contributions due for fringe benefits be reported as a percentage of gross wages, enter the total gross wage earned by each employee during the reporting period.

14. **Reporting Hours Worked** - If your agreement under the contract number and name requires that contributions fringe benefits be reported on an hourly basis, enter the total hours worked by each employee during the reported period.
15. **Working Dues NOT Deducted** - In some instances employees do not authorize employers to deduct working dues. The employer, therefore, must report that the Working Dues were not deducted for the Local Union records.
16. **Supplies Request** - This section is provided for the ordering of additional materials. Enter the quantity needed for each item.
17. **Total Number of Employees Reporting** - Enter the total number of all employees included in your report.
18. **Total of Wages Reporting** - Total the wages of all employees included in your report and enter in this field.
19. **Total Rate for Wages** - Multiply the total wages of all employees by the applicable contribution rate and enter the resulting total in the space provided.
20. **Total Hours Reporting** - Enter the total hours for all employees included in your report.
21. **Total Rate for Hours** - Multiply the total hours of all employees by the applicable contribution rate and enter the resulting total in the space provided.

IMPORTANT- Computer generated pre-printed forms reflect information submitted on your previous month's report. It is the responsibility of each employer to remit fringe benefits using the correct rates based on the applicable Collective Bargaining Agreement. Pre-printed Contribution Remittance Report Forms are intended to assist you in the reporting process and will not relieve you of your contractual obligation to report timely and accurately.

- Working Dues NOT Deducted** - Enter the amount of Working Dues for each employee who did ***NOT*** authorize deduction as required under the contract. Subtract this amount from the above sub-totals. Enter your total calculation in the space below. This is the total amount to be paid.
22. **Date Prepared, Prepared by, Title** - This information provides a contact person in the event that our office has questions regarding your report.
 23. **Send Original Report and Payment To** - This is the only address to which reports and payments will be accepted. Do not send reports or payments to any other address.
 24. **Make Check Payable To** - Bank of New York-Mellon Laborers' Contribution Account 182-9347
***Identifies information which will be pre-printed by the Administrative Office.**

**ADMINISTRATIVE OFFICE OF THE LABORERS'
COMBINED FUNDS OF WESTERN PENNSYLVANIA**

12 EIGHTH STREET, SUITE 500
PITTSBURGH, PA 15222
TELEPHONE: (412) 263-0900

NOTICE: Under Pennsylvania law, every person, firm, partnership, association, corporation, and any agent or officer of a firm, partnership, association or corporation may be subject to civil liability, as well as criminal penalties, for failure to make payment of fringe benefits, such as those covered by this Report.

CONTRIBUTION REMITTANCE REPORT

①
CONTRACT NO.

CONTRACT NAME: ②
INDEPENDENT HEAVY & HIGHWAY AGREEMENT

PERIOD ENDING: ③
⑤ _____ ⑥

DUE NO ④
LATER THAN 30TH OF THE FOLLOWING MONTH

PLEASE CHECK BOX IF NO LONGER IN THIS AREA NO WORK UNDER THIS CONTRACT

**SUBMIT PROMPTLY TO AVOID LATE CHARGES
ENTER CHANGE OF ADDRESS BELOW**

↓ PLEASE USE THIS NUMBER IN ALL CORRESPONDENCE

12345 ⑦
ABC NORTH COMPANY ⑧
111 SECOND STREET
PITTSBURGH, PA 15000

NAME ⑨

ADDRESS

EMPLOYER'S TELEPHONE NO:
FEDERAL ID NO.

CITY, STATE, ZIP CODE
SEE REVERSE SIDE OR INSTRUCTION BOOKLET

SOCIAL SECURITY NUMBER	EMPLOYEE NAME LAST, FIRST, MIDDLE INITIAL	LOCAL UNION	GROSS WAGES REPORTING		HOURS REPORTING		WORKING DUES NOT DEDUCTED	
			DOLLARS	CENTS	HOURS	TENTHS	DOLLARS	CENTS
⑩	⑪	⑫	⑬		⑭		⑮	

INTENDING TO BE LEGALLY BOUND HEREBY, WE WARRANT THE ABOVE STATEMENT AND ATTACHED LISTINGS TO BE TRUE AND CORRECT AND ACKNOWLEDGE TO HAVE RECEIVED AND READ A COPY OF THE WELFARE AND PENSION TRUST AGREEMENTS AND AGREE TO BE BOUND BY THE TERMS THEREOF: FURTHER WE ACKNOWLEDGE TO BE LEGALLY BOUND TO MAKE PAYMENTS BASED ON THIS REPORT, AND TO CONTINUE HEREAFTER TO MAKE SUCH REPORTS AND PAYMENTS THEREON:

ENTER QUANTITY		TOTAL NUMBER EMPLOYEES REPORTING	⑰	TOTAL OF ALL WAGES REPORTING	DOLLARS	CENTS	AT A TOTAL RATE	DOLLARS	CENTS
⑱	WELFARE/MEDICAL BOOKLETS	DATE PREPARED	⑲	TOTAL OF ALL HOURS REPORTING	⑳		OF % =	㉑	
	PENSION BOOKLETS				㉒		=	㉓	
	EMPLOYEE ID RECORDS	PREPARED BY	⑳	TITLE				DOLLARS	CENTS
	REPORT FORMS								

SEND REPORT AND PAYMENT TO: ADMINISTRATIVE OFFICE OF LABORERS COMBINED FUNDS ㉔
PO BOX 360137 * PITTSBURGH, PA 15251-6137
MAKE CHECK PAYABLE TO: ㉕ MELLON BANK LABORERS CONTRIBUTION ACCOUNT 182-9347

WORKING DUES NOT DEDUCTED	DOLLARS	CENTS
⑳		
FOR THIS AMOUNT	DOLLARS	CENTS

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