

**CONNECTICUT LABORERS FUNDS**  
 435 CAPTAIN THOMAS BOULEVARD  
 WEST HAVEN, CT 06516-5896  
 TELEPHONE 203-934-7991 TOLL FREE 1-800-922-3240

PLEASE DO NOT WRITE IN THIS BOX (FUND OFFICE USE ONLY)  
 CONTRACTOR # \_\_\_\_\_ NO OF MEN \_\_\_\_\_  
 LOCAL UNIONS \_\_\_\_\_

EMPLOYERS REMITTANCE REPORTS  
 REPORT HOURS WORKED BY ALL LABORERS'

**HEAVY & HIGHWAY REMITTANCE REPORT**

EMPLOYERS NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE & ZIP \_\_\_\_\_  
 FEDERAL EMPLOYER ID \_\_\_\_\_  
 THIS REPORT COVERS MONTH OF \_\_\_\_\_

CONTRIBUTIONS MAY NOT BE REMITTED BY A PROPRIETORSHIP ,  
 PARTNERSHIP OR LLC ON BEHALF OF ITS OWNER, PARTNER OR MEMBER.  
 CONTRIBUTIONS MAY NOT BE REMITTED BY A CORPORATION ON BEHALF OF  
 ITS OFFICERS, DIRECTORS OR STOCKHOLDERS WITHOUT THE PRIOR WRITTEN  
 APPROVAL OF THE TRUSTEES

INSTRUCTIONS

- (a) Report all hours worked at **ALL** Locations during Calendar Month only. **DO NOT** include hours worked in any other month.
- (b) List on the reverse side details for all employees who performed work in Covered Employment during the month covered by this report.
- (c) Calculate the amounts payable by completing either **Section A** or **Section B** below:  
**SECTION A** sets forth the total amount due for Fringe Benefits and the Industry Association Program, with additional amounts due for Administrative Dues and the Laborers Political League. If paying SECTION A, send in ONE CHECK PAYABLE TO THE CONNECTICUT LABORERS' FUNDS. If payment is made under Section A, the Industry Association Program and all other entities will be credited with the appropriate amounts.  
**SECTION B** payment should be made under Section B if your firm is not required to remit contributions to all entities or if you elect to designate the amounts paid to the Training Trust Fund instead of the Industry Association Program.  
 If paying under Section B, please send a separate check payable to each of the Entities represented
- (c) make a copy of this report for your records.
- (d) Send this report and all checks to the Fund Office.

TOTAL HOURS  
 WORKED

<b>A</b>	ALL FRINGE BENEFITS & INDUSTRY PGM		4/2/2023	25.94/Hr	
	CT LABORERS DISTRICT COUNCIL (for Administrative Dues Ded)		4/2/2023	\$1.49/Hr	
	LABORER' POLITICAL LEAGUE (for Administrative Dues Ded)		4/1/2012	\$0.05/Hr	
	<b>TOTAL DUE:</b>		4/2/2023	<b>\$27.48/Hr</b>	

<b>B</b>	ANNUITY FUND		4/2/2023	\$4.74/Hr	
			4/3/2022	\$4.50/Hr	
	HEALTH FUND		4/2/2023	\$12.14/hr	
			4/3/2022	\$11.89/hr	
	PENSION FUND		4/2/2023	\$7.44/hr	
			4/3/2022	\$6.84/hr	
	TRAINING		4/2/2023	\$0.80/Hr	
			4/7/2013	\$0.70/Hr	
	LEGAL SERVICES		4/5/2020	0.32/Hr	
	LABOR MGMT COOP TRUST		8/1/1993	\$0.15/Hr	
	HEALTH & SAFETY		4/1/2002	\$0.15/Hr	
	CT LABORERS DISTRICT COUNCIL		4/2/2023	\$1.49/Hr	
			4/3/2022	\$1.42/Hr	
	LABORERS POLITICAL LEAGUE		4/1/2012	\$0.05/Hr	
	CCIA		4/2/2023	\$0.20/Hr	
			4/7/2012	\$0.10/Hr	
TRAINING (NOT PAYING ASSOC)		4/2/2023	\$1.00/Hr		
		4/7/2013	\$0.80/Hr		

IS JOB COMPLETE YES  NO  CHECK IF ADDITIONAL FORMS ARE REQUIRED

EMPLOYER REPRESENTS:(1)This firm is a party to a Collective Bargaining Agreement which provides for payments by Employers to the Fund(s) specified in this report and provides that he is bound by the terms and conditions of the Trust Agreement(s)and the rules adopted pursuant thereto. (2)This report is, to the best of the Employers knowledge and belief, accurate and complete. (3)All reports governing all employment under the jurisdiction of all locals participating in the Fund(s) for the months noted are being filed simultaneously with this report. (4)Any knowing false statement or any knowing misrepresentation of facts made in reporting on this form may be a violation of 18 U.S.C. 1027, the penalty for which is a fine of \$10,000.00or imprisonment for 5 years or both.

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_