

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

EMPLOYERS REMITTANCE REPORTS
 REPORT HOURS WORKED BY ALL LABORERS'

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

PLEASE DO NOT WRITE IN THIS BOX (FUND OFFICE USE ONLY)
 CONTRACTOR # _____ NO OF LABORERS _____
 LOCAL UNIONS _____

BUILDING REMITTANCE REPORT

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
- (d) make a copy of this report for your records.
- (e) Send this report and all checks to the Fund Office.

TOTAL HOURS
 WORKED

A	ALL FRINGE BENEFITS & INDUSTRY PGM	4/6/2025	\$29.45/Hr	
	CT LABORERS DISTRICT COUNCIL (for Administrative Dues Ded)	4/6/2025	\$1.63/Hr	
	LABORER' POLITICAL LEAGUE (for Administrative Dues Ded)	4/1/2012	\$0.05/Hr	
	TOTAL DUE:	4/6/2025	\$31.13	

B	ANNUITY FUND	4/6/2025	\$6.75/Hr	
		4/7/2024	\$5.66/Hr	
	HEALTH FUND	4/6/2025	\$12.89/Hr	
		4/7/2024	\$12.39/Hr	
	PENSION FUND	4/7/2024	\$7.84/Hr	
	TRAINING	4/7/2024	\$0.90/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 (for Administrative Dues Ded)	4/6/2025	\$1.63/Hr	
		4/7/2024	\$1.56/Hr	
	LABORERS POLITICAL LEAGUE (for Administrative Dues Ded)	4/1/2012	\$0.05/Hr	
	AGC	4/1/2023	\$0.20/Hr	
	UNIFIED TRUST	4/3/2022	\$0.25/Hr	
TRAINING (NOT PAYING ASSOC)	4/7/2024	\$1.10/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 _____