

LABORERS' INTERNATIONAL UNION OF N.A., LOCAL 60
WESTCHESTER PUTNAM COUNTIES HEAVY, HIGHWAY & UTILITY
 140 BROADWAY, HAWTHORNE, NY 10532 * 914-769-2440 * WWW.LOCAL60FUNDS.COM

EMPLOYER'S NAME & ADDRESS:

EMPLOYER STATEMENT OF CONTRIBUTIONS FOR THE PERIOD OF APRIL 1, 2018 - MARCH 30, 2019

REPORT FOR THE MONTH OF _____

NAME OF EMPLOYEE	SOCIAL SECURITY NUMBER	W/E DATE:	W/E DATE:	W/E DATE:	W/E DATE:	HOLIDAYS PAID NOT WORKED	HOLIDAY DATES	TOTAL HOURS WORKED (INCLUDING HOLIDAYS WORKED)					GROSS WAGES		
		TOTAL HOURS	TOTAL HOURS	TOTAL HOURS	TOTAL HOURS			STRAIGHT TIME	OVER TIME	DOUBLE TIME	DOUBLE TIME & 1/2	MAX 40			
TOTALS	TOTALS														
ADMINISTRATIVE DUES CHECK-OFF		\$1.89 X ALL HOURS WORKED AND HOLIDAYS PAID													
POLITICAL ACTION FUND CHECK-OFF		\$0.12 X ALL HOURS WORKED AND HOLIDAYS PAID													
INDUSTRY ADVANCEMENT FUND		\$.40 X ALL HOURS WORKED & HOLIDAYS PAID TO A MAXIMUM 40 HOURS PER WEEK													
TOTAL: MAKE CHECK ONE FOR THE ABOVE PAYABLE TO: LOCAL 60 / P.A.F./I.A.F.															
HEALTH & WELFARE FUND		\$7.18 X ALL HOURS WORKED													
NY HEALTH & SAFETY FUND		\$.05 X ALL HOURS WORKED													
L.E.C.E.T. (LABORERS-EMPLOYERS COOPERATION & EDUCATION TRUST)		\$.10 X ALL HOURS WORKED TO A MAXIMUM 40 HOURS PER WEEK													
LABORERS LOCAL 60 APPRENTICESHIP & TRAINING FUND		\$1.00 X ALL HOURS WORKED TO A MAXIMUM 40 HOURS PER WEEK													
LABOR MANAGEMENT FUND		\$.55 X ALL HOURS WORKED TO A MAXIMUM 40 HOURS PER WEEK													
LEGAL FUND		\$.10 X ALL HOURS WORKED AND HOLIDAYS PAID TO A MAXIMUM 40 HOURS PER WEEK													
ANNUITY FUND		\$4.50 X ALL HOURS WORKED AND HOLIDAYS PAID TO A MAXIMUM 40 HOURS PER WEEK													
PENSION FUND		\$9.55 X ALL HOURS WORKED AND HOLIDAYS PAID													
TOTAL: MAKE ONE CHECK FOR THE ABOVE 8 FUNDS PAYABLE TO: LOCAL 60 ADMINISTRATIVE FUND															

I hereby certify that the information contained in this report is true and correct, that the wages represent all wages paid to employees of the Local Union in the employ of the named Employer for the period specified.

Signature _____ Date: _____

Print Name & Title: _____