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 STATEMENT OF CONTRIBUTIONS FOR THE PERIOD OF MARCH 26, 2023- MARCH 30, 2024

EMPLOYER'S NAME & ADDRESS:		TOTA	TOTAL HOURS WORKED AND HOLIDAYS PAID					DEDORT FOR THE MONTH OF							
		W/E DATE:				W/E DATE:	REPORT FOR THE MONTH OF:								
					HOURS BREAKDOWN			HOURS	HOURS WORKED +						
	1							11001	DILLAR	DOUBLE TIME &		WORKED MAX			
NAME OF EMPLOYEE	SOCIAL SECURITY NUMBE	R TOTAL HOURS	TOTAL HOURS	TOTAL HOURS	TOTAL HOURS	TOTAL HOURS	STRAIGHT TIME	OVER TIME	DOUBLE TIME	1/2	HOLIDAYS PAID	40	PAID MAX 40	GROSS WAGES	
ADMINISTRATIVE DUES CHECK-OFF \$2.25 X ALL HO	LIBS WORKED		DENCION EL	ND 610 07 V	ALL HOURS V	VODKED 8			ANNULTY FUR	D ČE FO V ALL I	IOUDE WORK	D & HOHDAYS			
AND HOLIDAYS PAID			PENSION FUND \$10.87 X ALL HOURS WORKED & HOLIDAYS PAID							FUND \$5.50 X ALL HOURS WORKED & HOLIDAYS A MAXIMUM 40 HOURS PER WEEK					
POLITICAL ACTION FUND CHECK-OFF \$0.12 X ALL HOURS WORKED AND HOLIDAYS PAID		NY HEALTH & SAFETY FUND \$.10 X ALL HOURS				LEGAL FUND \$.10 X ALL HOURS WORKE									
			WORKED & HOLIDAYS PAID						TO A MAXIMUM 40 HOURS PER WEEK						
INDUSTRY ADVANCEMENT FUND \$.40 X ALL HOURS WORKED AND							L.E.C.E.T. \$.15 X ALL HOURS WORKED A				WORKED A M	AXIMUM 40			
HOLIDAYS PAID TO A MAXIMUM 40 HOURS PER WEEK MAKE CHECK ONE FOR THE ABOVE PAYABLE TO: LOCAL			PAID SICK LEAVE \$.85 X ALL HOURS WORKED HEALTH & WELFARE FUND \$8.88 X ALL HOURS				HOURS PER WEEK								
60 / P.A.F./ I.A.F. TOTAL:			WORKED				LABOR MANAGEMENT & TARGET FUND \$0.95 X ALL HOURS WORKED TO A MAXIMUM 40 HOURS PER WEEK								
<u> </u>			<u> </u>	LABORERS LOCAL 60 APPRENTICESHIP & TRAINING FUND \$1.10 X ALL											
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			HOURS WORKED TO A MAXIMUM 40 HOURS PER WEEK												
Employer for the period specified.			MAKE ONE	CHECK FOR	THE ABOVE	9 FUNDS PA	AYABLE TO: LO	OCAL 60 ADM	INISTRATIVE	FUND TOTAL:					
•			-												

Print Name & Title:

Date:

Signature: