☐ **FINAL REPORT** ☐ **SEND MORE FORMS**

NO EMPLOYEES THIS MONTH

GREATER KANSAS CITY LABORERS
MONTHLY REMITTANCE REPORT

CONTRACTOR NAME _____ WORK MONTH _____, 20____ PAGE _____ OF _____

STREET _____ PHONE NO. _____

CITY _____ STATE _____ ZIP _____ FED. I.D. NO. _____

BE SURE COUNTY DESIGNATION IS WHERE WORK IS PERFORMED

MAKE ONE CHECK PAYABLE TO **GREATER KANSAS CITY LABORERS**

MAIL CHECK AND **4 COPIES** OF REPORT TO:

PLEASE NOTE NEW MAILING ADDRESS

GREATER KANSAS CITY LABORERS
6405 METCALF SUITE 203
OVERLAND PARK, KS 66202

① - COUNTY WHERE WORK WAS PERFORMED
② - MARK BOX IF EMPLOYEE IS AN APPRENTICE

				③ HOURS WORKED PAY PERIOD ENDING					
① COUNTY	② A	EMPLOYEE NAME LAST FIRST M.INIT.	SOCIAL SECURITY NUMBER						TOTAL HOURS
			④ TOTAL HOURS THIS PAGE						
			⑤ TOTAL HOURS REPORTED ON ALL PAGES						

EMPLOYER CERTIFICATE

THE UNDERSIGNED EMPLOYER HEREBY CERTIFIES (A) THAT IT IS SIGNATORY TO CURRENT WRITTEN COLLECTIVE BARGAINING AGREEMENTS REQUIRING CONTRIBUTIONS TO THESE FUNDS; (B) THAT THE CONTRIBUTIONS REPORTED HEREON ARE PAID IN ACCORDANCE WITH SUCH CURRENT WRITTEN COLLECTIVE BARGAINING AGREEMENTS; (C) THAT ALL OF THE INDIVIDUALS LISTED HEREON ARE EMPLOYEES COVERED BY SUCH WRITTEN COLLECTIVE BARGAINING AGREEMENTS; (D) THAT THE EMPLOYEES LISTED HEREON CONSTITUTE ALL EMPLOYEES FOR WHOM CONTRIBUTIONS ARE REQUIRED UNDER THE TERMS OF SAID AGREEMENTS; (E) THAT NONE OF THE INDIVIDUALS LISTED HEREON ARE EMPLOYERS, SELF-EMPLOYED PERSONS, PARTNERS OR EMPLOYEES OF THE NAMED EMPLOYER WHICH IS WHOLLY OWNED BY ANY SUCH EMPLOYEE OR BY ANY SUCH EMPLOYEE AND HIS SPOUSE; (F) THAT THE EMPLOYER AGREES TO BE BOUND BY THE TRUST AGREEMENTS UNDER WHICH THE HEREIN NAMED TRUST FUNDS ARE ADMINISTERED AND DESIGNATES THE EMPLOYER TRUSTEES NAMED THEREIN AND THEIR SUCCESSORS AS ITS REPRESENTATIVES ON THE BOARDS OF TRUSTEES; (G) THAT THE INFORMATION REPORTED HERON IS TRUE AND CORRECT. ANY FALSE STATEMENTS OR REPRESENTATIONS MADE ON THIS FORM MAY SUBJECT YOU TO PROSECUTION UNDER FEDERAL LAW.

SIGNED BY _____

TYPED OR PRINTED NAME _____

TITLE _____

RATES EFFECTIVE APRIL 1, 2010

EMPLOYER CONTRIBUTIONS:

⑥ _____ HOURS X JOURNEYMAN RATE @ **$14.36** PER HOUR $ _____

⑦ _____ HOURS X APPRENTICE RATE @ **$11.56** PER HOUR $ _____

⑧ TOTAL REMITTED $ _____

Contributions made on this remittance report are not deductible as charitable contributions for federal income tax purposes.

GREATER KANSAS CITY LABORERS

MONTHLY REMITTANCE REPORT - Continued

① - COUNTY WHERE WORK WAS PERFORMED

② - MARK BOX IF EMPLOYEE IS AN APPRENTICE

					③ HOURS WORKED PAY PERIOD ENDING					
① COUNTY	② A	EMPLOYEE NAME LAST	FIRST	M.INIT.	SOCIAL SECURITY NUMBER						TOTAL HOURS
					④ TOTAL HOURS THIS PAGE						