

EMPLOYER'S MONTHLY TRUST FUND REPORTING FORM

1 THIS REPORT IS TO COVER HOURS FOR THE MONTH OF:	TRUST NAME	I do hereby certify under penalty of perjury that the employees listed below constitute all the employees that I am required to make payments to the Trust. Furthermore, I certify that the hours shown for each employee are the total hours which he/she worked or was paid.
LICENSE NO.		
EMPLOYER NAME AND ADDRESS		
		Signed by: _____
		Title: _____

2 COMPUTATION OF CONTRIBUTIONS

6 TOTAL HOURS ON ALL PAGES	A. VACATION/DUES	B. PENSION	C. TRAINING	D. HEALTH AND WELFARE	E. OTHER
	_____ PER HOUR	_____ PER HOUR	_____ PER HOUR	_____ PER HOUR	_____ PER HOUR
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
LIQUIDATED DAMAGES					
TOTAL DUE EACH TRUST	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

3 EMPLOYEE'S NAME	INITIALS 1ST 2ND	4 SOCIAL SECURITY NO.	5 HOURS	7 IMPORTANT THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH.
				<input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.
IMPORTANT: SOCIAL SECURITY NUMBER MUST BE FILLED TO ASSURE PROPER CREDIT.			TOTAL HOURS THIS PAGE	