

Laborers-Employers Benefit Plan Collection Trust

P.O. Box 630771, Baltimore, MD 21263-0771

Phone (202) 393-7344 Fax (202) 393-7352 Toll Free 1-800-562-1181

DCA

Attention Employers:

One of the following **MUST** be attached to this report:

1. The Form B2 supplied by LEBPCT for listing individual employee hours;
2. A report generated by your own computer system containing the same information.

Mail this report and attachments along with a check to the above address for receipt no later than the 15th of the month following the month the employees worked. Checks received after that date may be subject to a late fee of 1 1/2% per month, compounded monthly.

Employer:

Company Name

Address

Please complete all the requested information:

1. Last day of pay period covered by this report
2. Project Name
- Location
- County
- City
- State
3. Mo. Day Yr. Completion Date, FINAL report for this job site.
4. Laborers' Local Union number (Jurisdictional Local Union)

5. Employee benefit deductions:

Benefit Code	Hours x Rate =	Amount	
A			
C			
E			
G			
F - Local LECET			
J - LPL/PAC (only)			

Benefit Codes	
A -	Health & Welfare
B -	Annuity
C -	Pension
D -	Legal Fund
E -	Vacation Fund
F -	Local LECET
G -	Training Fund
H -	Health & Safety
I -	Savings
J -	Laborers' Political League (LPL)
K -	Administrative Fund
L -	Contract Compliance
M -	Defined Contributions
N -	Dental
O -	Education
P -	Sub
Q -	Fair Contracting
R -	Industry Advancement
S -	Other (Attach explanation)

	Hours	Total
6. Benefit Totals	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
7. LEBPCT* (.04 per hr.)	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
8. LMCT-DCA (.05 per hr.)	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
9. Working Dues**	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
10. Union/Book Fees**	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
11. Report Total	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
12. Check Amount for ALL Reports	<input style="width: 100px;" type="text"/>	

* All employers MUST complete this entry.
 ** Please attach all supporting payroll documentation.

13. This report prepared by:

	Date:	
	Signature	
	Printed Name	
	E-mail:	
	Phone:	
	Fax:	