

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

PLCA

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	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>
E	<input type="text"/>	<input type="text"/>
G	<input type="text"/>	<input type="text"/>
F - Local LECET	<input type="text"/>	<input type="text"/>
J - LPL/PAC (only)	<input type="text"/>	<input type="text"/>

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 type="text"/>	<input type="text"/>
7. LEBPCT* (.04 per hr.)	<input type="text"/>	<input type="text"/>
8. Pipeline LECET (.10 per hr.)	<input type="text"/>	<input type="text"/>
9. Working Dues**	<input type="text"/>	<input type="text"/>
10. Union/Book Fees**	<input type="text"/>	<input type="text"/>
11. Report Total	<input type="text"/>	<input type="text"/>
12. Check Amount for ALL Reports	<input type="text"/>	

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

13. This report prepared by:

Signature _____ Date:
 Month/Day/Year Phone:
 E-mail: Fax:
Printed Name _____