

FINAL REPORT SEND MORE FORMS

GREATER KANSAS CITY LABORERS

MONTHLY REMITTANCE REPORT

NO EMPLOYEES THIS MONTH

CONTRACTOR NAME _____ WORK MONTH _____ 20____
 STREET _____ PHONE NO. _____
 CITY _____ STATE _____ ZIP _____ FED. I.D. NO. _____

PAGE _____ OF _____

PROJECT NAME:
PROJECT LOCATION:
BE SURE COUNTY DESIGNATION IS WHERE WORK IS PERFORMED (Column 1)

MAKE ONE CHECK PAYABLE TO GREATER KANSAS CITY LABORERS

MAIL CHECK AND **2 COPIES** OF REPORT TO:

**GREATER KANSAS CITY LABORERS
 6405 Metcalf Suite 200
 OVERLAND PARK, KS 66202**

DUE THE 10TH OF THE MONTH FOLLOWING THE MONTH COVERED BY THIS REPORT

- ① - COUNTY WHERE WORK WAS PERFORMED (**REQUIRED**)
- ② - MARK BOX IF EMPLOYEE IS AN APPRENTICE

③ HOURS WORKED

EMPLOYEE NAME			PAY PERIOD ENDING				TOTAL HOURS
① COUNTY & ST	② A	LAST	FIRST	M.INIT.	SOCIAL SECURITY NUMBER		
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00

EMPLOYER CERTIFICATE

④ TOTAL HOURS THIS PAGE _____ 0.00

⑤ TOTAL HOURS REPORTED ON ALL PAGES _____

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 HEREON IS TRUE AND CORRECT. ANY FALSE STATEMENTS OR REPRESENTATIONS MADE ON THIS FORM MAY SUBJECT YOU TO PROSECUTION UNDER FEDERAL LAW.

RATES EFFECTIVE APRIL 1, 2020

_____ SIGNED BY _____
 _____ TYPED OR PRINTED NAME _____
 _____ TITLE _____

⑥ _____ HOURS X JOURNEYMAN RATE @ **\$18.99** PER HOUR \$ _____ 0.00
 ⑦ _____ HOURS X APPRENTICE RATE @ **\$15.24** PER HOUR \$ _____ 0.00
 ⑧ TOTAL REMITTED \$ _____ 0.00

