☐ **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. _____

PROJECT NAME:

PROJECT LOCATION:

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

BE SURE COUNTY DESIGNATION IS WHERE WORK IS PERFORMED (Column 1)

DUE THE 1OTH 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

① COUNTY & ST	② A	EMPLOYEE NAME LAST	FIRST	M.INIT.	SOCIAL SECURITY NUMBER	③ HOURS WORKED PAY PERIOD ENDING					TOTAL HOURS
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											0.00
											0.00
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④ TOTAL HOURS THIS PAGE 0.00

⑤ TOTAL HOURS REPORTED ON ALL PAGES 0.00

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.

RATES EFFECTIVE APRIL 1, 2022

SIGNED BY _____

TYPED OR PRINTED NAME _____

TITLE _____

⑥ 0.00 HOURS X JOURNEYMAN RATE @ **$20.14** PER HOUR $ 0.00

⑦ 0.00 HOURS X APPRENTICE RATE @ **$16.32** PER HOUR $ 0.00

⑧ TOTAL REMITTED $ 0.00

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

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