

**INSTRUCTIONS FOR PREPARING COMBINED EMPLOYER REPORT OF CONTRIBUTIONS
CONTINUATION SHEET (OR PAYROLL REPORT)**

- Item 1 EMPLOYER'S NAME: Enter the Employer's name
- Item 2 EMPLOYER #: Enter Employer Number.
- Item 3 WORK PERIOD FROM and TO Dates. Enter the start and end date of the Work Period in mm/dd/yyyy format.
- Item 4 EMPLOYEE'S SOCIAL SECURITY NUMBER. Insert the employee's insurance account number issued to him by the Social Security Board.
- Item 5 NAME OF EMPLOYEE. Please insert last name first, then first name, and middle initial.
- Item 6 EMPLOYEE WORK CLASSIFICATION: Because the Report reflects multiple Work Classifications you MUST enter this here. The Work Classification can be obtained from your Combined Employer Report of Contributions.
- Item 7 DATE OF BIRTH: Enter the Employee's Date of Birth (mm/dd/yyyy)
- Item 8 For your convenience the form contains 5 columns which can be used to enter the number of hours compensated during the 4 or 5 payroll periods covered by your report. However, for the Funds' purpose, only the total hours compensated as shown in Item 9 is required.
- Item 9 HOURS COMPENSATED. Report the total hours compensated for each employee during the payroll periods ending within the month. Supervisory personnel above the rank of foreman, covered under the Funds should be reported on the basis of 160 hours, regardless of the number of hours worked during the work period.
- Item 10 TOTAL HOURS FOR THIS PAGE. Hours on THIS page under Item 9 should be entered here.

SECTION 227 OF THE CALIFORNIA LABOR CODE PROVIDES AS FOLLOWS: "Whenever an employer has agreed with any employee to make payments to a health or welfare fund, pension fund or vacation plan, or other such plan for the benefit of the employees, or a negotiated industrial promotion fund, or has entered into a collective bargaining agreement providing for such payments, it shall be unlawful for such an employer willfully or with intent to defraud to fail to make the payments required by the terms of any such agreement. A violation of any provision of this section where the amount the employer failed to pay into the fund or funds exceeds five hundred dollars (\$500) shall be punishable by imprisonment in the state prison for a period of not more than five years or in the county jail for a period of not more than one year, by a fine of not more than one thousand dollars (\$1,000), or by both such imprisonment and fine. All other violations shall be punishable as a misdemeanor."

NOTE: In lieu of completing a Continuation Sheet, you may submit a spreadsheet, or payroll report containing the required information: Social Security Number, Employee Name, Work Classification, Date of Birth and Total Hours Compensated for the Month.