DIRECTION ON HOW TO FILL OUT LMCC PENSION BILLING FORM

There are 3 tabs at the bottom of the screen.

Remittance Form – The reporting spreadsheet to be filled out and mailed with your payment to the LMCC.

Owner Drivers – The list of companies of the Owner-Drivers. Add Owner-Driver with LMCC ID # and company name.

Directions – For your reference on completing the reporting form.

	A	В	С	D
1	Contractor Reporting:			
2	LMCC # Company Name	Hours worked	Pension Rate/Hour	Total Due 🛛 🖵
3			\$10.00	\$0.00
4			\$10.00	\$0.00
5			\$10.00	\$0.00
6			\$10.00	\$0.00
7			\$10.00	\$0.00
8			\$10.00	\$0.00
9			\$10.00	\$0.00
10			\$10.00	\$0.00
11			\$10.00	\$0.00
12			\$10.00	\$0.00
13			\$10.00	\$0.00
14			\$10.00	\$0.00
15			\$10.00	\$0.00
16			\$10.00	\$0.00
17			\$10.00	\$0.00
18			\$10.00	\$0.00
19			\$10.00	\$0.00
20			\$10.00	\$0.00
21			\$10.00	\$0.00
22			\$10.00	\$0.00
23			\$10.00	\$0.00
24			\$10.00	\$0.00
25			\$10.00	\$0.00
26			\$10.00	\$ 0.00
27			\$10.00	\$0.00
28			TOTAL PAYMENT TO LMCC:	\$0.00
00	Remittance Form Owner Drivers	Directions (+)	; 	: :

	1. Enter the name of your Company in the Contractor Reporting cell B1.						
	А	В		D			
1	Contractor Reporting:	Contractor	Name				
2	LMCC # Company Name 🚽	Hours worked	Pension Rate/Hour	Total Due 🛛 🚽			
3			\$10.00	\$0.00			

2. Click on the Owner-Drivers tab at the bottom of the workbook. Verify the Owner-Drivers you are reporting are listed in the Owner-Driver tab. Add if necessary, using the following format: LMCC # Company Name.

	А	В	С	D
1	179-0001 Company Name			
2	179-0002 Company Name			
3	301-0001 Company Name			
4	301-0002 Company Name			
5	330-0001 Company Name			
6	330-0002 Company Name			
7	673-0001 Company Name			
8	673-0002 Company Name			
9	731-0001 Company Name			
10	731-0002 Company Name			
11	786-0001 Company Name			
12	786-0002 Company Name			
	Remittance Form	Owner-E	Drivers	Directions

3. Click the Remittance Form Tab at the bottom of the workbook. Using the drop-down menu in cell A3 select the company name you are reporting on – or – start typing the LMCC # and if it is in the Owner-Driver tab it will populate automatically.

	A	В	6	D
1	Contractor Reporting:	Contractor	lame	
2	LMCC # Company Name 🚽	Hours work	Pension Rate/Hour 🚽	Total Due 🥃
3	179-0001 Company Name		\$10.00	\$0.00
	179-0002 Company Name 301-0001 Company Name 301-0002 Company Name 330-0001 Company Name 330-0002 Company Name 673-0001 Company Name 731-0002 Company Name 731-0002 Company Name 786-0001 Company Name 786-0002 Company Name	You will notice the you are reporting	nat the first portion of the number is	the Local Union

4. Enter the number of hours worked in cell B3 and it will automatically calculate the total due.

	A	В	С	D
1	Contractor Reporting:	Contractor	lame	
2	LMCC # Company Name 📃	Hours worke 🛀 🖵	Pension Rate/Hour 🚽	Total Due 🛛 🚽
3	179-0001 Company Name	10	\$10.00	\$100.00

Once you have completed entering the number of hours for each of the Owner-Drivers you are reporting for it will give you a grand total at the bottom of the worksheet. See below:

	A	В		С	D
1	Contractor Reporting:	Contractor	Nime		
2	LMCC # Company Name	Hours worked	P sion Ra	te/Hour	Total Due 🚽
3	179-0001 Company Name			\$10.00	\$100.00
4	301-0001 Company Name		15	\$10.00	\$150.00
5	330-0001 Company Name		5	\$10.00	\$50.00
6	673-0001 Company Name		20	\$10.00	\$200.00
7				\$10.00	\$0.00
8				10.00	\$0.00
9				\$ 2.00	\$0.00
10				\$1 00	\$0.00
11				\$10.	\$0.00
12				\$10.0	\$0.00
13				\$10.00	\$0.00
14				\$10.00	\$0.00
15			:	\$10.00	\$0.00
16				\$10.00	\$0.00
17			:	\$10.00	\$0.00
18				\$10.00	\$0.00
19				\$10.00	\$0.00
20				\$10.00	\$0.00
21				\$10.00	\$0.00
22				\$10.00	\$0.00
23				\$10.00	\$0.00
24				\$10.00	\$0.00
25				\$10.00	\$0.00
26				\$10.00	\$0.00
27				\$10.00	0.00
28			TOTAL PAY	MENT TO LMCC:	\$500.00

Labor Management Cooperation Committee (LMCC) Contractor's Owner Driver Pension Remittance Report

Contractor Reporting:	Contractor Name			
LMCC # Company Name	Hours worked	Pension Rate/Hour	Total Due	
179-0001 Company Name	10	\$10.00	\$100.00	
301-0001 Company Name	15	\$10.00	\$150.00	
330-0001 Company Name	5	\$10.00	\$50.00	
673-0001 Company Name	20	\$10.00	\$200.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		\$10.00	\$0.00	
		TOTAL PAYMENT TO LMCC:	\$500.00	

Please mail Remittance Report and Payment directly to: LMCC 1000 Burr Ridge Parkway, Burr Ridge, IL 60527 for distribution to the participant's Pension Fund