

THE CITY OF NEW YORK • OFFICE OF THE COMPTROLLER • BUREAU OF LABOR LAW

NAME OF PRIME CONTRACTOR ABC Contractors 210 Lakeview Road Sometown, NY 99999		PAYROLL REPORT <i>TO BE SUBMITTED WITH REQUISITION FOR PAYMENT</i>					AGENCY Sample Facility			
NAME OF CONTRACTOR ABC Contractors		ADDRESS 210 Lakeview Road Sometown, NY 99999			PHONE NO. (555) 555-5555		PAYROLL No. 1		TAX I.D. No. 55-5555555	
CONTRACT REGISTRATION # 54-67-89		JOB CODE 9999-999		WEEK ENDING DATE 07/10/2011		PROJECT NAME & LOCATION Sample project for demonstration only				

(1) NAME ADDRESS LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	(2) LIST TRADE & CIRCLE CLASSIFICATION JOURNEYMAN APPRENTICE <small>(NYS DOL REGISTERED)</small> HELPER	(3) T I M E	(4) DAY AND DATE							(5) TOTAL HOURS	(6) BASE RATE OF PAY PER HOUR	(7) TOTAL BASE PAY	(8) (9) (10) SUPPLEMENTAL BENEFITS			(11) GROSS PAY	(12) TOTAL TAX & OTHER DEDUCTIONS	(13) NET PAY
			M	T	W	T	F	S	S				RATE PER HOUR	PAID TO (Local # if Union is Checked)	TOTAL BENEFITS PAID			
			07/04	07/05	07/06	07/07	07/08	07/09	07/10									
			HOURS WORKED EACH DAY															
Jane Doe 71 Pineapple Lane Sometown, NY 99999 xxx-xx-9999	J A H Pipe Fitter	RT	0	8	8	8	0	0	0	24	18.00	432.00	10.50	U #999	252.00	432.00	124.46	307.54
			0	0	0	0	0	0	0	0	27.00	0.00	10.50	E				
John Doe P.O. Box 999 Sometown, NY 99999 xxx-xx-9999	J A H Sheetmetal Worker	RT	0	8	8	8	0	0	0	24	20.00	480.00	10.50	U #999	252.00	480.00	145.06	334.94
			0	0	0	0	0	0	0	0	30.00	0.00	10.50	E				
John Q. Public 2300 Arena Avenue Sometown, NY 99999 xxx-xx-9999	J A H Truck Driver	RT	0	8	8	8	0	0	0	24	22.00	528.00	10.50	U #999	252.00	528.00	125.35	402.65
			0	0	0	0	0	0	0	0	33.00	0.00	1.50	E				
John Smith 36 Mimosa Lane Sometown, NY 99999 xxx-xx-9999	J A H Laborer	RT	0	8	8	8	0	0	0	24	14.00	336.00	10.50	U #999	252.00	336.00	84.72	251.28
			0	0	0	0	0	0	0	0	21.00	0.00	10.50	E				
	J A H	RT												U				
			OT												E			
	J A H	RT												U				
			OT												E			
	J A H	RT												U				
			OT												E			
	J A H	RT												U				
			OT												E			

INSTRUCTIONS ON REVERSE SIDE

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

This certified payroll has been prepared in accordance with the instructions contained on the reverse side of this form. I certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work on the above project during the period shown. **I understand that falsification of this statement is a punishable offense.**

SIGNATURE	Cory Smith NAME (Print)	President TITLE	, 20 DATE
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