



THE CITY OF NEW YORK  
OFFICE OF THE COMPTROLLER  
Bureau of LABOR LAW

**PAYROLL REPORT**  
(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

Agency Sample Facility
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NAME OF CONTRACTOR ABC Contractors		ADDRESS 210 Lakeview Road Somertown, NY 99999			PHONE No. (555) 555-5555	PAYROLL No. 1
CONTRACT REG No. 54-67-89	JOB CODE 9999-999	WEEK ENDING DATE 06/30/2007	PROJECT NAME & LOCATION Sample project for demonstration only		TAX I.D. No. 55-5555555	

(1) NAME, ADDRESS, SOCIAL SECURITY No.	(2) LIST TRADE & CIRCLE CLASSIFICATION JOURNEYPERSON APPRENTICE 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) SUPPLEMENTAL BENEFITS			(11) GROSS PAY	(12) TOTAL TAX & OTHER DEDUCTIONS	(13) NET PAY		
			S	M	T	W	T	F	S				PAID TO (Local # if Union is Checked)	TOTAL PAID	GROSS PAY				TOTAL TAX & OTHER DEDUCTIONS	NET PAY
			06/24	06/25	06/26	06/27	06/28	06/29	06/30											
			HOURS WORKED EACH DAY																	
Jane Doe 71 Pineapple Lane Somertown, NY 99999 999-99-9999	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	136.30	295.70		
			0	0	0	0	0	0	0	0	0	27.00	0.00	10.50					E	
			0	0	0	0	0	0	0	0	0	0	0.00	10.50					O	
John Doe P.O. Box 999 Somertown, NY 99999 999-99-9999	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	157.85	322.15		
			0	0	0	0	0	0	0	0	0	30.00	0.00	10.50					E	
			0	0	0	0	0	0	0	0	0	0	0.00	10.50					O	
John Q. Public 2300 Arena Avenue Somertown, NY 99999 999-99-9999	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	137.73	390.27		
			0	0	0	0	0	0	0	0	0	33.00	0.00	1.50					E	
			0	0	0	0	0	0	0	0	0	0	0.00	1.50					O	
John Smith 36 Mimosa Lane Somertown, NY 99999 999-99-9999	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	91.60	244.40		
			0	0	0	0	0	0	0	0	0	21.00	0.00	10.50					E	
			0	0	0	0	0	0	0	0	0	0	0.00	10.50					O	
	J A H	RT												U						
		OT													E					
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	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

I hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

\_\_\_\_\_  
SIGNATURE

Cory Smith  
NAME (Print)

\_\_\_\_\_  
President  
TITLE

\_\_\_\_\_, 20  
DATE