

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 5.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>				ADDRESS 55 Lakeview Drive Sometown, US 55555				DATE WAGES DUE 11/06/2019				DATE WAGES PAID 11/06/2019									
PAYROLL NO. 49		WEEK ENDING OR FINAL CERTIFICATION 11/03/2019 <input type="checkbox"/>				PROJECT NAME AND LOCATION Sample Project 1 - Sample project for demonstration only 2500 Canyon Drive Anywhere, US 55555				CONTRACTOR REGISTRATION NUMBER 324256											
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	O T or S T	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS						8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.
			10/28	10/29	10/30	10/31	11/01	11/02	11/03			This Project Only	Total for Week	FICA	With- holding Tax	State Tax	Local Tax	Other	Total Deduc- tions		
			Mo	Tu	We	Th	Fr	Sa	Su												
			HOURS WORKED EACH DAY																		
Jane Doe 71 Pineapple Lane Similartown, US 12345	Foreman	OT	2	0	2	0	2	0	0	6	75.00	2450.00	2450.00	205.02	494.25	102.48	0.00	6.70	808.45	1641.55	15.00
		ST	8	8	8	8	8	0	0	40	50.00										
Johnny Doe PO Box 111 Sometown, US 95545	Laborer	OT	0	0	2	0	0	0	0	2	45.00	810.00	1380.00	105.57	130.91	42.37	13.80	0.00	292.65	1087.35	10.00
		ST	8	0	8	0	8	0	0	24	30.00										
Susan Anthony 711 Patriot Way Similartown, US 95545	Truck Driver	OT	0	0	0	0	0	0	0	0	60.00	1280.00	1840.00	140.76	147.34	71.43	0.00	0.00	359.53	1480.47	15.00
		ST	8	8	4	4	8	0	0	32	40.00										
Tom Jones 36 Mimosas Lane Sometown, US 95545	Heavy Equipment Operator	OT	0	0	0	0	0	0	0	0	60.00	1280.00	1840.00	140.76	166.72	73.26	0.00	0.00	380.74	1459.26	10.00
		ST	0	0	4	4	8	8	8	32	40.00										
		OT																			
		ST																			
		OT																			
		ST																			
		OT																			
		ST																			
		OT																			
		ST																			

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

SUBMIT TO PUBLIC BODY OR LESSOR

Date 11/06/2019

I, John Smith, President
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by

Sample Company on the Sample project for demonstration only;
(Contractor or Subcontractor) (Project Name and Location)

that during the payroll period beginning on 10/28/2019 and ending on 11/03/2019
(Date) (Date)

all persons employed on said project have been paid the full weekly wages earned, that no rebates

have been or will be made either directly or indirectly to or on behalf of said

Sample Company from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

Enter deductions here

Enter deductions here

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to the appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)	
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
REMARKS	
Enter any other information here...	
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE *	
1) Medical or Hospital Coverage	x
2) Dental Coverage	x
3) Pension or Retirement	x
4) Vacation, Holidays	x
5) Sick Days	x
6) Life Insurance	
7) Other (Explain)	
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE	

(5) N.J.A.C. 12:60-2.1 and 5.1 - The Public Works employees shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE
John Smith President
SIGNATURE John Smith
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.