

The information below must be submitted to the NJEDA pursuant to N.J.A.C. 19:30-3.5- 9, and N.J.A.C. 19:30-4.4

SEND COMPLETED FORMS TO:

NJEDA

24 Commerce Street - Suite 301 - Internal Process Management
Newark, NJ 07102 / office # 973-855-3447 / affirmativeaction@njeda.com

CONTRACTOR INFORMATION

NAME: ABC Company
ADDRESS: 2250 Skyline Drive
CITY/ST/ZIP: Sometown, US 55555-5555
PHONE: 610-999-3333
EMAIL: Sampleco@gmail.com

PROJECT INFORMATION

NJEDA PROJECT NUMBER: 22354
PROJECT NAME AND LOCATION: Sample Project 1 - Sample project for demonstration only
MUNICIPALITY: Sample Company
COUNTY: Lakeview

PAYROLL PERIOD ENDING DATE: **09/21/2018**

Employee Name Address City, State, Zip	Trade	ST or OT	PLEASE SPECIFY DAY AND DATE							Total Hours	Rate of Pay	Gross Weekly Pay	FICA	With- holding Tax	State Tax	Local Tax	Other Tax	Other Ded.	Total Deductions	Net Pay	Total Fringe Benefit Cost/Hr.
			09/15	09/16	09/17	09/18	09/19	09/20	09/21												
			Sa	Su	Mo	Tu	We	Th	Fr												
			HOURS WORKED EACH DAY																		
David Lakomyeggo	Laborer	ST	8	8	8	8	0	0	8	40	35.00	1400.00	107.10	214.26	0.00	0.00	0.00	0.00	321.36	1078.64	20.00
		OT	0	0	0	0	0	0	0	0	50.00										
Jane Doe	Heavy Highway Labor	ST	0	0	8	8	8	8	8	40	31.00	1240.00	94.86	179.06	61.85	0.00	0.00	52.00	387.77	852.23	15.00
		OT	0	0	0	0	0	0	0	0	44.00										
Johnny Doe	Laborer	ST	0	0	8	0	8	0	8	24	25.00	600.00	80.17	72.63	32.17	10.48	0.63	52.40	248.48	799.52	15.00
		OT	0	0	0	0	0	0	0	0	37.50										
Marie Smith	Heavy Highway Pipe Fitter	ST	8	8	8	0	0	0	0	24	46.00	1104.00	118.73	133.11	34.22	0.00	9.54	0.00	295.60	1256.40	30.00
		OT	0	0	0	0	0	0	0	0	69.00										
Susan Anthony	Truck Driver	ST	0	0	8	8	8	8	8	40	25.00	1000.00	76.50	41.71	27.32	0.00	0.00	50.00	195.53	804.47	15.00
		OT	0	0	0	0	0	0	0	0	37.50										
Tom Jones	Heavy Equipment Operator	ST	0	0	8	8	8	8	8	40	28.00	1120.00	85.68	81.27	68.73	8.44	0.00	33.60	277.72	842.28	10.00
		OT	0	0	0	0	0	0	0	0	42.00										
		ST																			
		OT																			

Date 09/24/2018I, John Smith, President
(Name of signatory party) (Title)

do hereby certify:

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

ABC Company on the Sample project for demonstration only
(Contractor or Subcontractor) (Project Name); that during the payroll period commencing on the 15
day of September, 2018 and ending the 21 day of September, 2018,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 saidABC Company
(Contractor or Subcontractor)from the full 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.(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 performed.(3) That any apprentices employed in the above period are duly registered in good standing, in a
program approved or certified by the Division of Vocational Education apprenticeship in the
New Jersey Department of Education or by the Bureau of Apprenticeship training in the
United States Department of Labor.

(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

EXCEPTION (CRAFT)	EXPLANATION
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 THE FRINGE BENEFIT BOX ON PAGE 1 *

- | | |
|---------------------------------|-----------------------------|
| 1) Medical or Hospital Coverage | Enter vacation sponsor name |
| 2) Dental Coverage | Enter vacation admin |
| 3) Pension or Retirement | 2.00 |
| 4) Vacation, Holidays | 2.00 |
| 5) Sick Days | 2.00 |
| 6) Life Insurance | 2.00 |
| 7) Other (Explain) | Name of program here |

* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE
BENEFIT COST PER YEAR PER EMPLOYEE

- (5) N.J.A.C. 19:30-3.5-9 and 4.4 The contractors shall submit
-
- to the NJEDA a certified payroll record each pay period.

NAME AND TITLE	SIGNATURE
John Smith President	John Smith
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENT MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A.34:1B-1 et seq., and P.L. 1963, c. 150-N.J.S.A.34:11- 56.25 et seq. and provided by Sections 11 through 16, inclusive, of P.L. 1963, c. 150 -N.J.S.A.34:11-56.35 - 34:11-56.40	