

# WEEKLY PAYROLL

**For Contractor's Optional Use. The use of this form meets payroll notification requirements; as stated on the Payroll Records Notification.**

NAME OF CONTRACTOR <input checked="" type="checkbox"/>		SUBCONTRACTOR <input type="checkbox"/>		ADDRESS 210 Lakeview Road Sometown, NY 99999																							
FEIN 55-5555555		FOR WEEK ENDING 07/10/2011		PROJECT AND LOCATION Sample project for demonstration only												PROJECT OR CONTRACT NO. 54-67-89											
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	NO. OF WITH-HOLDINGS	WORK CLASSIFICATION	ST or OT	DAY AND DATE							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED PROJECT / ALL	DEDUCTIONS					NET WAGES PAID FOR WEEK								
				07/04	07/05	07/06	07/07	07/08	07/09	07/10				Mo	Tu	We	Th	Fr		Sa	Su	FICA	WITH-HOLDING TAX	STATE	LOCAL	OTHER	TOTAL DED.
				Hours Worked																							
Jane Doe 71 Pineapple Lane Sometown, NY 99999 xxx-xx-9999	0	Pipe Fitter	S	0	8	8	8	0	0	0	24	18.00	432.00	40.68	95.38	32.50	0.00	38.88	207.44	512.56 # 8110							
John Doe P.O. Box 999 Sometown, NY 99999 xxx-xx-9999	0	Sheetmetal Worker	S	0	8	8	8	0	0	0	24	20.00	480.00	45.20	115.38	37.98	0.00	43.20	241.76	558.24 # 8109							
John Q. Public 2300 Arena Avenue Sometown, NY 99999 xxx-xx-9999	2	Truck Driver	S	0	8	8	8	0	0	0	24	22.00	528.00	49.72	71.52	40.16	0.00	47.52	208.92	671.08 # 8118							
John Smith 36 Mimosa Lane Sometown, NY 99999 xxx-xx-9999	1	Laborer	S	0	8	8	8	0	0	0	24	14.00	336.00	31.64	59.10	20.22	0.00	30.24	141.20	418.80 # 8125							
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THIS CERTIFICATION MUST BE COMPLETED ON EACH WEEKLY PAYROLL FORM USED BY THE CONTRACTOR OR SUBCONTRACTOR

Date 07/10/2011

| Cory Smith President  
(Name of Signatory Party) (Title)

do hereby state:

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

ABC Contractors  
(Contractor or Subcontractor)

\_\_\_\_\_, that during the payroll period commencing on the 04

day of July, 2011, and ending the 10 day of July, 2011

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

**ABC Contractors**  
(Contractor or Subcontractor)

99999-9999

Enter permissible deductions here

Enter permissible deductions here

Enter permissible deductions here

(2) That any payrolls submitted for the above period are correct and complete; that the wage rates for laborers, workers 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, worker or mechanic conform with the work he/she performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Commissioner of Labor in conformity with the provisions of Article 23 of the New York State Labor Law.

(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, worker 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).

(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) EXCEPTIONS

**REMARKS:**

This is a sample project for demonstration purposes only

**SIGNATURE:**

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE ARTICLES 8 AND 9.