

New York State Department of Transportation
CONTRACTOR'S PAYROLL STATEMENT

NAME OF CONTRACTOR <input checked="" type="checkbox"/>		OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS 210 Lakeview Road Sometown, NY 99999																					
PAYROLL NO.	FOR WEEK ENDING	CONTRACT DESCRIPTION													COUNTY	Sample Facility			CONTRACT No.	54-67-89					
1	06/30/2007	Sample project for demonstration only																							
(1) EMPLOYEE NAME, RACE/GENDER CODE, SSN AND ADDRESS		(3) WORK CLASS	O	(4) DAY AND DATE						(5) TOTAL HOURS	(6) WAGE RATE	(6A) FRINGE RATE	(6B) FRINGES PAID IN CASH?	(7) GROSS AMOUNT EARNED PROJ/ALL	(8) DEDUCTIONS					(9) NET WAGES PAID					
			T 06/24	O 06/25	T 06/26	O 06/27	T 06/28	O 06/29	T 06/30						Su	Mo	Tu	We	Th		Fr	Sa	FICA	WITH- HOLDING TAX	STATE TAX
		HOURS WORKED EACH DAY																							
Jane Doe 71 Pineapple Lane Sometown, NY 99999 999-99-9999		Pipe Fitter	O	0	0	0	0	0	0	0	0	27.00	0.00		432.00	55.08	100.71	32.50	0.00	38.88	227.17	492.83 # 8110			
			S	0	8	8	8	0	0	0	24	18.00	0.00	N	720.00										
John Doe P.O. Box 999 Sometown, NY 99999 999-99-9999		Sheetmet al Worker	O	0	0	0	0	0	0	0	30.00	0.00		480.00	61.20	120.71	37.98	0.00	43.20	263.09	536.91 # 8109				
			S	0	8	8	8	0	0	0	24	20.00	0.00	N								800.00			
John Q. Public 2300 Arena Avenue Sometown, NY 99999 999-99-9999		Truck Driver	O	0	0	0	0	0	0	0	33.00	0.00		528.00	67.32	74.55	40.16	0.00	47.52	229.55	650.45 # 8118				
			S	0	8	8	8	0	0	0	24	22.00	0.00	N								880.00			
John Smith 36 Mimosa Lane Sometown, NY 99999 999-99-9999		Laborer	O	0	0	0	0	0	0	0	21.00	0.00		336.00	42.84	59.37	20.22	0.00	30.24	152.67	407.33 # 8125				
			S	0	8	8	8	0	0	0	24	14.00	0.00	N								560.00			
			O																						
			S									Y													
			O																						
			S									Y													
			O																						
			S									Y													
			O																						
			S									Y													
			O																						
			S									Y													

RACE/GENDER CODES: W-White/Caucasian B-Black H-Hispanic A-Asian NA-Native American / M-Male F-Female

WORK CLASSIFICATION CODES: LAB-Laborer OP-Equipment Operator SV-Surveyor TD-Truck Driver IW-Ironworker CP-Carpenter MS-Mason PT-Painter EL-Electrician
Others (as Needed) - INITIALS

New York State Department of Transportation
CONTRACTOR'S PAYROLL CERTIFICATION

Date 07/05/2007

I, Cory Smith, President do hereby state:
(Name of signatory party) (Title)

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

ABC Contractors on the Sample project for demonstration only;
(Contractor or subcontractor) (Building or work)

that during the payroll period commencing on June 24, 2007 and ending on June 30, 2007

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)

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:

Article 6 Section 193 of the New York State Labor Law, applicable to State projects, and as described below; OR
Title 29, Code of Federal Regulations, Part 3 (29 CFR Subtitle A) issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), applicable to Federal or Federally-aided projects, and as described below.

99999-9999

Enter permissible deductions here

Enter permissible 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/she performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with: the New York State 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 to each laborer or mechanic listed in the above referenced payroll, payment of fringe benefits as listed in the contract have been or will be made to 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) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here

REMARKS

This is a sample project for demonstration purposes only

NAME AND TITLE	SIGNATURE	Date
Cory Smith President		

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.