

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

PAYROLL REPORT

PAYROLL NUMBER 1REQUISITION # 99999-9999

NAME OF CONTRACTOR <input checked="" type="checkbox"/> / SUBCONTRACTOR <input type="checkbox"/>				CONTRACT NUMBER 54-67-89							FACILITY Sample Facility				PROJECT NUMBER 9999-999		
ADDRESS 210 Lakeview Road Sometown, NY 99999				REPORT ENDING PERIOD 06/30/2007							PROJECT Sample project for demonstration only TITLE						
1	2	3	4	5 DAY AND DATE							6	7	8	9	10	11	
NAME ADDRESS SS#	R A C E N D E R	G E N D E R	CIRCLE J OR A LIST TRADE	Su 06/24	Mo 06/25	Tu 06/26	We 06/27	Th 06/28	Fr 06/29	Sa 06/30	TTL HRS	BASE RATE OF PAY PER HOUR	GROSS PAY	BENEFITS		COMMENTS (If for Change Work Specify B#/C#)	
Jane Doe 71 Pineapple Lane Sometown, NY 99999 999-99-9999	05	F	<input checked="" type="checkbox"/> J Pipe Fitter <input type="checkbox"/> A	S 0 0	S 8 0	S 8 0	S 8 0	S 0 0	S 0 0	S 0 0	24 0	18.00 27.00	432.00	10.50	<input checked="" type="checkbox"/> U #999 <input type="checkbox"/> E	Batch# 99999-a	
John Doe P.O. Box 999 Sometown, NY 99999 999-99-9999	04	M	<input checked="" type="checkbox"/> J Sheetmetal Worker <input type="checkbox"/> A	S 0 0	S 8 0	S 8 0	S 8 0	S 0 0	S 0 0	S 0 0	24 0	20.00 30.00	480.00	10.50	<input checked="" type="checkbox"/> U #999 <input type="checkbox"/> E	Batch# 99999-b	
John Q. Public 2300 Arena Avenue Sometown, NY 99999 999-99-9999	05	M	<input checked="" type="checkbox"/> J Truck Driver <input type="checkbox"/> A	S 0 0	S 8 0	S 8 0	S 8 0	S 0 0	S 0 0	S 0 0	24 0	22.00 33.00	528.00	10.50	<input checked="" type="checkbox"/> U #999 <input type="checkbox"/> E	Batch# 99999-c	
John Smith 36 Mimosa Lane Sometown, NY 99999 999-99-9999	05	M	<input checked="" type="checkbox"/> J Laborer <input type="checkbox"/> A	S 0 0	S 8 0	S 8 0	S 8 0	S 0 0	S 0 0	S 0 0	24 0	14.00 21.00	336.00	10.50	<input checked="" type="checkbox"/> U #999 <input type="checkbox"/> E	Batch# 99999-d	
			<input checked="" type="checkbox"/> J <input type="checkbox"/> A	S — —	S — —	S — —	S — —	S — —	S — —	S — —					<input checked="" type="checkbox"/> U <input type="checkbox"/> E		

Printed Name and Signature of Corporate Officer Cory Smith

Signature: _____

Corporate Position: President Company Name: ABC Contractors

I certify that I am a Corporate Officer and/or Owner and that the information above is correct and represents the wages and benefits paid to the individuals listed; that the individuals listed are my employees and represent all the persons who performed any contract work during the week of the Payroll Report at the location shown for the Contract Number specified; and that office pay records, including WT-4-B Reports, are available for review by NYCHHC, which verifies that wages and benefits specified were paid. This certification applies to any continuation sheets for this pay period which is/are attached.

Sworn to me this day of _____ 200 _____

County of: _____

Notary Public (Include Stamp)

INSTRUCTIONS FOR PREPARATION AND SUBMITTAL OF A PAYROLL REPORT

1. All persons who perform any contract work activity, during the Period of a requisition, must be listed on the Payroll Reports which must be submitted with the requisition regardless of whether the requisition includes a claim for that work.
2. Separate Payroll Reports must be submitted by the prime contractor and each subcontractor who performs any on-site activity during the period of the requisition.
3. All individuals performing work applicable to a Trade under the jurisdiction of the New York State Labor Law must be listed
4. Failure to provide the required Payroll Reports and all required information will result in the payment processed being reduced in an amount applicable to the claim associated with the missing payroll reports.
5. The individuals listed must be employees of the contractor who submits the payroll report and the gross wages paid must be listed on the WT-4-B Report sent to the Department of Taxation & Finance. Although the Payroll Report form does not require the deductions made (i.e. FICA, Withholding Taxes, City and State Taxes, etc.) to be specified such deductions must be made and the information maintained in the Contractor's Office Records.
6. The first two lines of the Payroll Reports shall be referred to as the Payroll Report HEADING and will require the following information:
 - a. NAME OF CONTRACTOR/SUBCONTRACTOR (CIRCLE) In the 1st space of line 1 circle the word CONTRACTOR if the payroll report is submitted by the prime contractor or the word SUBCONTRACTOR if the Payroll Report is submitted by a subcontractor of the prime contractor. The legal name of the firm submitting the Payroll Report is to be placed immediately below this designation.
 - b. ADDRESS- Enter the ADDRESS (i.e. Street, City, State & Zip Code) of the firm submitting the payroll report.
 - c. CONTRACT NUMBER- Enter the Contract Number which can be obtained from the Notice of Award and NOTICE TO PROCEED letters.
 - d. FACILITY- Enter the name of the Hospital Facility at which the contract work is being performed.
 - e. PROJECT NUMBER- Enter the project number. This number appears on the Notice of Award and NOTICE TO PROCEED letters.
 - f. REPORT ENDING DATE- Enter the last date (i.e. month, day, year) of the report. This is the same date as the last Column (5) of the Payroll Report.
 - g. PROJECT TITLE- Enter the project title as shown on the contract.
7. For every person who performs any on-site activity during the period of this report, the following information must be provided:
 - a. (1) NAME, ADDRESS, SS# - State legal name, address and social security number.
 - b. (2) RACE- Identify the Race using the following letters for designation: W-White; B-Black; H-Hispanic; A/PI-Asian, Pacific Islander; NA/AN-Native American/Alaskan Alout, O-Other (please specify)
 - c. (3) GENDER- Identify the gender using the following letters for designation: F-Female, M-Male.
 - d. (4) CIRCLE CLASSIFICATION - SPECIFY TRADE- Circle the letter J if the individual is a Journeyman or the letter A if the individual is a Registered Apprentice with the Department of Labor of the State of New York - Specify the Trade applicable to the work performed. The Trade identified must be one listed in the Prevailing Wages and Supplemental Benefits Schedule of the Comptroller, which is part of the Contract Documents. The only exception is when the activity performed by the individual is not one controlled by the Labor Law. When the firm submitting the Payroll Report is of this opinion, a designation best describing the activity should be specified and a letter from the contractor, which includes a brief description of the work, should accompany the Payroll Report the first time this designation appears on a Payroll Report.
 - e. (5) DAY AND DATE- In the first row enter the appropriate sequence of the contractor's pay records. MTWTFSS, for example, is the sequence to use if the week ends on a Sunday and SSMTWTF is the sequence if the week ends on a Friday. Below each letter designation enter the appropriate date of each day for the Report period.
HOURS WORKED PER DAY- Enter the hours worked each of the days listed on the appropriate line, i.e. S for Straight Time and O for Overtime. Only include hours for which the individual is paid. A number must be placed in each column including "0" if no hours were worked that date.
 - f. (6) TTL HRS- Sum the hours worked for Straight Time and the hours worked Overtime and enter both in this column.
 - g. (7) BASE RATE OF PAY PER HOUR- Specify the actual base rate of pay paid to the individual. DO NOT include benefits in this amount.
 - h. (8) GROSS PAY- Enter the Product of Columns (6) & (7) plus any portion of (9) PAID TO INDIVIDUAL "in cash", ie $(8) = (6) \times [(7) + (9)*]$ where (9)* is portion of benefits paid in cash.
 - i. BENEFITS- In Column (9) PER HOUR- specify the actual amount of benefits paid, per hour, to the individual listed. In Column (10) after the letter U state the Union Local Number if the benefits are paid directly to a Union. If benefits are paid directly to the individual place a check mark after the letter E.
 - i. (11) COMMENTS- This column allows the firm submitting the Payroll Report to provide additional information when necessary for clarification. If the hours are for Change Work the Bulletin # and/or Change # should be entered. This column can also be used to identify an individual who is performing supervisory work as an owner is performing activities the contractor does not believe are subject to Labor Law Control etc.
