

**THE CITY OF NEW YORK   ■   OFFICE OF THE COMPTROLLER   ■   BUREAU OF LABOR LAW**

EMPLOYER NAME ABC Company		CERTIFIED PAYROLL REPORT				CHECK IF PROJECT LABOR AGREEMENT (PLA) <input type="checkbox"/>	PAYROLL # 48	WEEK ENDING DATE 09/13/2020
EMPLOYER ADDRESS 2250 Skyline Drive Sometown, US 55555		EMPLOYER EMAIL ADDRESS info@abcco.com		EMPLOYER PHONE # 555-999-3333	EMPLOYER TAX I.D. # 25-36958742	PROJECT NAME Sample project for demonstration		
NAME OF PRIME CONTRACTOR, BUILDING OWNER OR UTILITY ABC Company		CONTRACT REGISTRATION # 12321/SP678		AGENCY Public Body Name	AGENCY PIN # 324256	PROJECT OR BUILDING ADDRESS 2500 Canyon Drive Anywhere, US 55555		

(1)	(2)	(3)	(4)							(5)	(6)	(7)	(8)			(9)	(10)		
WORKER NAME  ADDRESS  LAST FOUR DIGITS OF SSN	TRADE CLASSIFICATION  UNION LOCAL #  JOURNEYPerson OR APPRENTICE  (NYS DOL REGISTERED)	TIME	THIS PROJECT, CONTRACT OR BUILDING										ALL WORK (PUBLIC AND PRIVATE)						
			DAY AND DATE							TOTAL HOURS	HOURLY RATE OF PAY	GROSS PAY (THIS PROJECT)	WAGES			BONA FIDE FRINGE BENEFITS			
			M	T	W	T	F	S	S				TOTAL GROSS PAY (ALL WORK)	WITH-HOLDINGS & DEDUCTIONS	NET PAY	HOURLY CONTR. TO BENEFIT FUNDS OR INDIVIDUAL ACCOUNTS	EMPLOYER PROJECTED ANNUAL COST	EMPLOYEE PROJECTED ANNUAL HOURS	ANNUALIZED HOURLY RATE
			09/07	09/08	09/09	09/10	09/11	09/12	09/13				HOURS WORKED EACH DAY						
Jane Doe 71 Pineapple Lane Similartown, US 12345 xxx-xx-5511	Foreman  J <input checked="" type="checkbox"/> A <input type="checkbox"/>	ST	8	8	8	8	8	0	0	40	50.00	2450.00	2450.00	771.03	1678.97	10.00	30,000.00	2,000.00	15.00
OT	2	0	2	0	2	0	0	6	75.00										
Johnny Doe PO Box 111 Sometown, US 95545 xxx-xx-4444	Laborer  J <input checked="" type="checkbox"/> A <input type="checkbox"/>	ST	8	0	0	0	0	0	0	8	25.00	200.00	1245.00	261.37	983.63	15.00	20,000.00	2,000.00	10.00
OT	0	0	0	0	0	0	0	0	37.50										
Susan Anthony 711 Patriot Way Similartown, US 95545 xxx-xx-7435	Truck Driver  J <input checked="" type="checkbox"/> A <input type="checkbox"/>	ST	8	8	0	0	0	0	0	16	40.00	640.00	1840.00	385.60	1454.40	15.00	30,000.00	2,000.00	15.00
OT	0	0	0	0	0	0	0	0	60.00										
Tom Jones 36 Mimosa Lane Sometown, US 95545 xxx-xx-2323	Heavy Equipment Operator  J <input checked="" type="checkbox"/> A <input type="checkbox"/>	ST	0	0	4	4	8	8	8	32	40.00	1280.00	1840.00	412.09	1427.91	10.00	20,000.00	2,000.00	10.00
OT	0	0	0	0	0	0	0	0	60.00										
		ST																	
	J <input type="checkbox"/> A <input type="checkbox"/>	OT																	
		ST																	
	J <input type="checkbox"/> A <input type="checkbox"/>	OT																	
		ST																	
	J <input type="checkbox"/> A <input type="checkbox"/>	OT																	

**FALSIFICATION OF THIS STATEMENT IS A PUNISHABLE OFFENSE**

This certified payroll report has been prepared in accordance with the instructions for this form. I certify that the above information represents the hours worked by, wages paid to and bona fide fringe benefits provided to all of the workers employed by the above named employer on this project, contract or building during the period shown. I understand that falsification of this statement is a punishable offense.

<u>John Smith</u> OFFICER OR PRINCIPAL OF EMPLOYER (Print Name)	<u>President</u> TITLE	<u>John Smith</u> SIGNATURE	<u>September 16,2020</u> DATE
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