

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	WAGES			BONA FIDE FRINGE BENEFITS						
			M	T	W	T	F	S	S			GROSS PAY (THIS PROJECT)			TOTAL GROSS PAY (ALL WORK)		WITH-HOLDINGS & DEDUCTIONS	NET PAY	HOURLY CONTR. TO BENEFIT FUNDS OR INDIVIDUAL ACCOUNTS	ALL OTHER BONA FIDE FRINGE BENEFITS	
			09/07	09/08	09/09	09/10	09/11	09/12	09/13										EMPLOYER PROJECTED ANNUAL COST	EMPLOYEE PROJECTED ANNUAL HOURS	ANNUALIZED HOURLY RATE
HOURS WORKED EACH DAY																					
Jane Doe 71 Pineapple Lane Similartown, US 12345 xxx-xx-5511	Foreman	S T	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		
		O T	2	0	2	0	2	0	0	6	75.00										
Johnny Doe PO Box 111 Sometown, US 95545 xxx-xx-4444	Laborer	S T	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		
		O T	0	0	0	0	0	0	0	0	37.50										
Susan Anthony 711 Patriot Way Similartown, US 95545 xxx-xx-7435	Truck Driver	S T	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		
		O T	0	0	0	0	0	0	0	0	60.00										
Tom Jones 36 Mimosa Lane Sometown, US 95545 xxx-xx-2323	Heavy Equipment Operator	S T	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		
		O T	0	0	0	0	0	0	0	0	60.00										
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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.

John Smith

President

John Smith

OFFICER OR PRINCIPAL OF EMPLOYER (Print Name)

TITLE

SIGNATURE

September 16,2020

DATE