

Contract is Subject to a Project Labor Agreement  YES  NO

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

EMPLOYER NAME ABC Contractors Inc		CERTIFIED PAYROLL REPORT										PAYROLL # 1	WEEK ENDING DATE 10/27/2019						
EMPLOYER ADDRESS 55 Main Street Sometown, PA 99999		EMPLOYER EMAIL ADDRESS johnsmith@abc			EMPLOYER PHONE # (555) 555-5555			EMPLOYER TAX I.D. # 22-2222222		PROJECT NAME Sample Project 1									
NAME OF PRIME CONTRACTOR, BUILDING OWNER OR UTILITY ABC Contractors Inc		CONTRACT REGISTRATION # Contract Registration # here			AGENCY Agency or Authority Name			AGENCY PIN # Agency Pin# here		PROJECT OR BUILDING ADDRESS 2500 Canyon Drive Anywhere, NY 55555-5555									
(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)	T I M E	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 PLANS OR ACCOUNTS	ALL OTHER BONA FIDE FRINGE BENEFITS				
10/21	10/22	10/23	10/24	10/25	10/26	10/27						EMPLOYER PROJECTED ANNUAL COST	EMPLOYEE PROJECTED ANNUAL HOURS	ANNUALIZED HOURLY RATE					
HOURS WORKED EACH DAY																			
Bob Clark 123 Hope Ave SomeTown, NY 11111 xxx-xx-3333	Laborer	S T O T	8	8	8	8	8	0	0	40	42.77	1710.80	1710.80	465.94	1244.86	4.09	9,428.00	2,080.00	4.53
			0	0	0	0	0	0	0	0	0								
Frank T Howard 49 Blue Ridge Lane Sometown, NY 11111 xxx-xx-5555	Foreman/242	S T O T	8	8	8	8	8	0	0	40	53.48	2139.20	2139.20	943.84	1195.36	4.52	0.00	0.00	0.00
			0	0	0	0	0	0	0	0	0								
Michael R Jones 485 Oak Lane New York, NY 11111 xxx-xx-5959	Heavy Highway Pipe Fitter	S T O T	8	8	8	8	8	0	0	40	41.00	1640.00	1640.00	558.23	1081.77	4.52	0.00	0.00	0.00
			0	0	0	0	0	0	0	0	0								
		S T O T																	
		S T O T																	
		S T O T																	
		S T O T																	

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

This certified payroll report has been prepared in accordance with the instructions contained on the last page of 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

October 29,2019

DATE