



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
Bureau of LABOR LAW

PAYROLL REPORT

(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

Agency: Sample Facility

CONTRACTOR'S NAME, ADDRESS, AND TELEPHONE								SUBCONTRACTOR'S NAME, ADDRESS, AND TELEPHONE								PAYROLL No.						
ABC Contractors Phone: (555) 555-5555 210 Lakeview Road Sometown, NY 99999								Phone:								1						
CONTRACT REG No.	JOB CODE	WEEK ENDING-DATE							PROJECT NAME & LOCATION							TAX I.D.						
54-67-89	9999-999	06/30/2007							Sample project for demonstration only 900 Spring Ridge Drive Sometown, NY 99999							55-5555555						
(1) EMPLOYEE'S NAME, ADDRESS, CITY, STATE, ZIP SOCIAL SECURITY NUMBER	(2) TRADE & WORK CLASSIFICATION RACE & GENDER	(3) T I M E	(4) DAY AND DATE							(5) TOTAL HOURS	(6) HOURLY RATE	(7) TOTAL BASE PAY	SUPPLEMENTAL BENEFITS			(11) GROSS PAY	(12) TOTAL TAX & OTHER DEDUCTIONS	(13) NET PAY				
			S	M	T	W	T	F	S				06/24	06/25	06/26				06/27	06/28	06/29	06/30
			HOURS WORKED EACH DAY																			
Jane Doe 71 Pineapple Lane Sometown, NY 99999 999-99-9999	J A1 A2 A3+ Pipe Fitter	RT	0	8	8	8	0	0	0	24	18.00	432.00	10.50	U E O #999	252.00	432.00	136.30	295.70				
		OT	0	0	0	0	0	0	0	27.00	0.00	10.50										
John Doe P.O. Box 999 Sometown, NY 99999 999-99-9999	J A1 A2 A3+ Sheetmetal Worker	RT	0	8	8	8	0	0	0	24	20.00	480.00	10.50	U E O #999	252.00	480.00	157.85	322.15				
		OT	0	0	0	0	0	0	0	30.00	0.00	10.50										
John Q. Public 2300 Arena Avenue Sometown, NY 99999 999-99-9999	J A1 A2 A3+ Truck Driver	RT	0	8	8	8	0	0	0	24	22.00	528.00	10.50	U E O #999	252.00	528.00	137.73	390.27				
		OT	0	0	0	0	0	0	0	33.00	0.00	1.50										
John Smith 36 Mimosa Lane Sometown, NY 99999 999-99-9999	J A1 A2 A3+ Laborer	RT	0	8	8	8	0	0	0	24	14.00	336.00	10.50	U E O #999	252.00	336.00	91.60	244.40				
		OT	0	0	0	0	0	0	0	21.00	0.00	10.50										
	J A1 A2 A3+	RT											U E O									
	J A1 A2 A3+	OT											U E O									
	J A1 A2 A3+	RT											U E O									
	J A1 A2 A3+	OT											U E O									

INSTRUCTIONS ON REVERSE SIDE
FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

I, Cory Smith hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown. Understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

OFFICER'S SIGNATURE

DATE