

**The City of New York
Office of the Comptroller
Division of Labor Law**

PAYROLL REPORT

(To be submitted with requisition for payment)

Agency:

Sample Facility

Name of Contractor/Subcontractor ABC Contractors			Address 210 Lakeview Road Sometown, NY 99999											Phone No. (555) 555-5555		Payroll No. 1				
Contract Reg. No. 54-67-89	Job Code 9999-999	Week Ending Date 06/30/2007		Project Name Sample project for demonstration only and Location												Tax ID No. 55-5555555				
(1) Name Address Social Security No.	(2) List Trade + Circle Work Classification Journeyperson Apprentice Helper	(3) T i m e	(4) Day and Date							(5) Total Hours	(6) Base Rate of Pay Per Hour	(7) Total Base Pay	Supplemental Benefits			(11) Gross Pay	(12) Total Tax + Other Deduct's	(13) Net Pay		
			S 06/24	M 06/25	T 06/26	W 06/27	T 06/28	F 06/29	S 06/30											
			Hours Worked Each Day																	
			Jane Doe 71 Pineapple Lane Sometown, NY 99999 999-99-9999	J A H	Pipe Fitter	RT OT	0 0	8 0	8 0				8 0	0 0	0 0				0 0	24 0
John Doe P.O. Box 999 Sometown, NY 99999 999-99-9999	J A H	Sheetmetal Worker	RT OT	0 0	8 0	8 0	0 0	0 0	0 0	0 0	24 0	20.00 30.00	480.00 0.00	10.50 10.50	U E O	#999	252.00	480.00	157.85	322.15
John Q. Public 2300 Arena Avenue Sometown, NY 99999 999-99-9999	J A H	Truck Driver	RT OT	0 0	8 0	8 0	0 0	0 0	0 0	0 0	24 0	22.00 33.00	528.00 0.00	10.50 1.50	U E O	#999	252.00	528.00	137.73	390.27
John Smith 36 Mimosa Lane Sometown, NY 99999 999-99-9999	J A H	Laborer	RT OT	0 0	8 0	8 0	0 0	0 0	0 0	0 0	24 0	14.00 21.00	336.00 0.00	10.50 10.50	U E O	#999	252.00	336.00	91.60	244.40
	J A H		RT OT											U E O						
	J A H		RT OT											U E O						

(Instructions on Reverse Side)

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

I 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. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE

Cory Smith

President

DATE

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