



99999-9999

CERTIFICATION OF PAYROLL

(SEE INSTRUCTIONS ON BACK)

Page 1 of 1

NAME (A) <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR		ADDRESS (B) 210 Lakeview Road Sometown, NY 99999		TAXPAYER I.D. OR F.E.I.N. (C) 55-5555555																	
ABC Contractors		PROJECT AND LOCATION (F) Sample project for demonstration only		MTA AGENCY NAME (G) Sample Facility		MTA AGENCY CONTRACT NUMBER (H) 54-67-89															
EMPLOYEE'S NAME, Address, City, State, Zip Social Security Number (1)	SEE LEGEND (1a) (1b)	LIST TRADE & CIRCLE WORK CLASSIFICATION (2)	DAY AND DATE (4)						TOT HRS (5)	RATE OF PAY PER HR (6)	SUPPLEMENTAL BENEFITS			TOTAL BASE WAGES LESS PREMIUM PORTION (9)	PREMIUM PORTION OF O.T. & S.T. (10)	GROSS PAY Project /All (12)	TOTAL TAX AND OTHER DEDUCTIONS (13)	NET PAY (14)			
			Su	Mo	Tu	We	Th	Fr			Sa	TO PER HR (7)	TO (CIRCLE) (8)						TOTAL PAID (9)		
			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	05	F	J A1 A2 A3+ Pipe Fitter	RT	0	8	8	8	0	0	0	24	18.00	10.50	<input type="checkbox"/> #999 <input type="checkbox"/> E <input type="checkbox"/> O	36.00 0.00 216.00	432.00	0.00 720.00	432.00 227.17	492.83	
				OT	0	0	0	0	0	0	0	27.00	10.50								
				ST	0	0	0	0	0	0	0	36.00	10.50								
John Doe P.O. Box 999 Sometown, NY 99999 999-99-9999	04	M	J A1 A2 A3+ Sheetmetal Worker	RT	0	8	8	8	0	0	0	24	20.00	10.50	<input type="checkbox"/> #999 <input type="checkbox"/> E <input type="checkbox"/> O	36.00 0.00 216.00	480.00	0.00 800.00	480.00 263.09	536.91	
				OT	0	0	0	0	0	0	0	30.00	10.50								
				ST	0	0	0	0	0	0	0	40.00	10.50								
John Q. Public 2300 Arena Avenue Sometown, NY 99999 999-99-9999	05	M	J A1 A2 A3+ Truck Driver	RT	0	8	8	8	0	0	0	24	22.00	10.50	<input type="checkbox"/> #999 <input type="checkbox"/> E <input type="checkbox"/> O	36.00 0.00 216.00	528.00	0.00 880.00	528.00 229.55	650.45	
				OT	0	0	0	0	0	0	0	33.00	1.50								
				ST	0	0	0	0	0	0	0	44.00	1.50								
John Smith 36 Mimosa Lane Sometown, NY 99999 999-99-9999	05	M	J A1 A2 A3+ Laborer	RT	0	8	8	8	0	0	0	24	14.00	10.50	<input type="checkbox"/> #999 <input type="checkbox"/> E <input type="checkbox"/> O	36.00 0.00 216.00	336.00	0.00 560.00	336.00 152.67	407.33	
				OT	0	0	0	0	0	0	0	21.00	10.50								
				ST	0	0	0	0	0	0	0	28.00	10.50								
			J A1 A2 A3+	RT								<input type="checkbox"/> U <input type="checkbox"/> E <input type="checkbox"/> O									
			J A1 A2 A3+	OT								<input type="checkbox"/> U <input type="checkbox"/> E <input type="checkbox"/> O									
			J A1 A2 A3+	ST								<input type="checkbox"/> U <input type="checkbox"/> E <input type="checkbox"/> O									
LEGEND												Weekly Totals Of All Pages (15)			1008.00	1776.00	0.00	1776.00	2960.00	872.48	2087.52
1a- ETHNICITY	1b- SEX	8- SUPPLEMENTAL BENEFITS										I, <u>Cory Smith</u> hereby certify that the information in this form represents wages and supplemental benefits paid to all persons employed by my firm for construction work on the project named herein during the period shown and that all information provided on this form is complete and correct.						Subscribed and sworn to before me this _____ day of _____, _____			
01- BLACK	M- MALE	U- IF PAID TO UNION (Enter Union Local Name/Number)																Notary Public			
02a-HISPANIC	F- FEMALE	E- IF PAID TO EMPLOYEE																Commission Expires:			
03a-ASIAN PACIFIC	3- TIME	O- IF OTHER																			
03b-ASIAN INDIAN	RT- REGULAR TIME																				
04- NATIVE AMERICAN	OT- OVERTIME																				
05- OTHER	ST- SHIFT TIME																				
OFFICER'S SIGNATURE												Date									