Department of Education

CERTIFICATION OF PAYROLL

(SEE INSTRUCTIONS ON BACK)

New York City School Construction Authority

NAME (A) ☑ CONTRACTOR ☐ SUBCONTRACTOR
ABC Company

ADDRESS (B) 2250 Skyline Drive
Sometown, US 55555-5555

TAXPAYER ID or F.E.I.N. (C)
22-5647893

PAYROLL NO. (D)
1

FOR WEEK ENDING (E)
07/15/2017

PROJECT AND LOCATION (F)
Sample project for demonstration only
2500 Canyon Drive Anywhere, US 55555-5555

SOLICITATION NUMBER (G)
1000023456

SCA CONTRACT NUMBER (H)
22354

EMPLOYEE'S NAME, Address, City, State, Zip, Social Security Number (1)	SEE LEGEND (1a)	(1b)	LIST TRADE AND CLASSIFICATION (Circle the correct code) (2)	TIME (3)	DAY AND DATE (4) Su 07/09	Mo 07/10	Tu 07/11	We 07/12	Th 07/13	Fr 07/14	Sa 07/15	TOT. HRS. (5)	RATE OF PAY PER HOUR (6)	SUPPLEMENTAL BENEFITS RATE PER HOUR (7)	PAID TO U/E/O (Circle) (8)	PREMIUM PORTION OF O.T. & S.T. (9)	GROSS PAY Project /All (10)	FICA (11)	FED W/H TAX (12)	STATE W/H TAX (13)	OTHER DED. (14)	NET PAY (15)	CHECK NUMBER (16)
Jane Doe 71 Pineapple Lane Similartown, US 12345 P:530-555-6521 S:xxx-xx-5555	04	F	J A1 A2 A3+ Heavy Equipment Operator	RT	0	8	8	8	8	8	0	40	28.00	15.00	U E O	56.00	1728.00	98.53	229.00	64.88	0.00	1335.59	78945
				OT	0	0	0	0	2	2	0	4	42.00	15.00			1728.00						
				ST	0	0	0	0	0	0	0	0	56.00	15.00									
Johnny Doe PO Box 111 Sometown, US 95545 P:530-555-6931 S:xxx-xx-4444	05	M	J A1 A2 A3+ Laborer	RT	0	8	8	8	8	8	0	40	20.00	10.00	U E O	40.00	1360.00	70.38	71.75	28.24	9.84	1179.79	25871
				OT	0	0	2	0	2	0	0	4	30.00	10.00			1360.00						
				ST	0	0	0	0	0	0	0	0	40.00	10.00									
Roger L Smith 4958 Ninth Street Anytown, US 19595 P:215-654-8965 S:xxx-xx-6985	01	M	J A1 A2 A3+ Heavy Highway Labor	RT	0	8	8	0	8	8	0	32	26.00	12.00	U E O	0.00	1216.00	63.65	115.00	23.30	62.48	951.57	45236
				OT	0	0	0	0	0	0	0	0	39.00	12.00	216 Group 4		1216.00						
				ST	0	0	0	0	0	0	0	0	52.00	12.00									
Susan Anthony 711 Patriot Way Similartown, US 95545 P:530-555-0711 S:xxx-xx-5435	05	F	J A1 A2 A3+ Truck Driver	RT	0	8	8	8	8	8	0	40	30.00	15.00	U E O	0.00	1800.00	91.80	81.38	60.74	60.00	1506.08	777
				OT	0	0	0	0	0	0	0	0	45.00	15.00	216 Group 4		1800.00						
				ST	0	0	0	0	0	0	0	0	60.00	15.00									
Tom Jones 36 Mimosa Lane Sometown, US 95545 P:530-555-7412 S:xxx-xx-2323	05	M	J A1 A2 A3+ Laborer	RT	0	8	8	8	8	8	0	40	20.00	10.00	U E O	20.00	1280.00	65.79	122.00	61.87	6.40	1023.94	2345
				OT	0	0	0	2	0	0	0	2	30.00	10.00			1280.00						
				ST	0	0	0	0	0	0	0	0	40.00	10.00									
			J A1 A2 A3+	RT											U E O								
				OT																			
				ST																			
			J A1 A2 A3+	RT											U E O								
				OT																			
				ST																			
WEEKLY TOTAL OF ALL PAGES (17)												202				116.00	7384.00 7384.00	390.15	619.13	239.03	138.72	5996.97	

LEGEND

1a- ETHNICITY
01 BLACK
02a HISPANIC
03a ASIAN-PACIFIC
03b ASIAN-INDIAN
04 NATIVE AMERICAN
05 OTHER

1b- SEX
M- MALE
F- FEMALE

3- TIME
RT- REGULAR TIME
OT- OVERTIME
ST- SHIFT TIME

8- SUPPLEMENTAL BENEFITS
U- IF PAID TO UNION (Enter Union Local Name & Number)
E- IF PAID TO EMPLOYEE
O- IF OTHER

I, John Smith 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.

John Smith — OFFICER'S SIGNATURE

07/15/2017 — DATE

Subscribed and sworn to before me

this _____ day of _____, _____

Notary Public

Commission Expires: