

Certified Payroll Report

Ohio School Facilities Commission

7200A

Report for:			<input type="checkbox"/> Check if Subcontractor		Contract No.		Payroll No.		1											
Company	ABC Contractors		Contractor Name		54-67-89															
Address	210 Lakeview Road				Project Name & Location		Week Ending		06/30/2007											
City, State, Zip	Sometown, OH 99999		Public Authority (Owner)		Sample project for demonstration only 900 Spring Ridge Dr. Sometown, OH 99999															
Phone No.	(555) 555-5555		Public Authority				Sheet		1 of 1											
Employee Name, Address, Social Security Number	Work Class	Race/Sex	Hours Worked - Day & Date						Total Hours	Base Rate	Fringes: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Approved Plans <input type="checkbox"/> Cash & Approved Plans				Deductions					
											Fringes Rate Per Hour				With. Tax	FICA	Other Ded.	Net Pay		
			Su	Mo	Tu	We	Th	Fr			Sa	H&W	Pens	Vac					App	Oth
Jane Doe 71 Pineapple Lane Sometown, OH 99999	Pipe Fitter	01/F	OT	0	0	0	0	0	0	27.00	1.00	1.50	2.00	1.00	5.00	10.50	161.94	55.08	0.00	502.98
John Doe P.O. Box 999 Sometown, OH 99999			ST	0	8	8	8	0	0	0										
John Q. Public 2300 Arena Avenue Sometown, OH 99999	Sheetmetal Worker	05/M	OT	0	0	0	0	0	0	30.00	1.00	1.50	2.00	1.00	5.00	10.50	189.86	61.20	0.00	548.94
John Smith 36 Mimosa Lane Sometown, OH 99999			ST	0	8	8	8	0	0	0										
	Truck Driver	05/M	OT	0	0	0	0	0	0	33.00	1.00	1.50	2.00	1.00	5.00	10.50	102.36	67.32	0.00	710.32
			ST	0	8	8	8	0	0	0										
	Laborer	04/M	OT	0	0	0	0	0	0	21.00	1.00	1.50	2.00	1.00	5.00	10.50	77.06	42.84	0.00	440.10
			ST	0	8	8	8	0	0	0										
			OT																	
			ST																	
			OT																	
			ST																	

By signing below, I certify that: 1) I pay, or supervise the payment of the employees shown above; (2) during the pay period reported on this form, all hours worked on this project have been paid the appropriate wage rate indicated; (3) the fringe benefits have been paid as indicated above; and (4) no rebates or deductions have been or will be made, directly or indirectly from the total wages earned, other than permissible deductions as defined in the ORC Chapter 4115. I understand that the willful falsification of any of the above statements may subject the Contractor or Subcontractor to civil or criminal prosecution.

Type or Print Name and Title Cory Smith President Signature _____ Date 07/03/2007

*If Subcontractor, provide Contractor name in space provided.

*Attach additional sheets if necessary

*Type in continuous line, text will wrap.