Form QSS-347

CERTIFIED PAYROLL

Contractor: ☐ ABC Company 2250 Skyline Drive Sometown, US 55555-5555	**Subcontractor:** ☑ Sample Company 55 Lakeview Drive Sometown, US 55555-5555	**Project or Contract No:** 22354 **Cost Acct. or Other No:** 1000023456 **Tax ID No:** 22-1234567 **Payroll No:** 1
For Week Ending: 09/21/2018	**Project and Location:** Sample Project 1 - Sample project for demonstration only 2500 Canyon Drive Anywhere, US 55555-5555	

Name, Address, and Social Security Number of Employee	# Ex	Work Classification/ Apprentice Rate	OT or ST	Day and Date: 09/15 Sa	09/16 Su	09/17 Mo	09/18 Tu	09/19 We	09/20 Th	09/21 Fr	Total Hours	Rate of Pay	Fringe Ben. Plan $ / Cash $	Gross Amount Week Class	Weekly Deduction Totals: FICA With-Holding	State Local Tax	Other Tax Ded.	Total Ded.	Net Wages Check No.
				Hours Worked Each Day															
Jane Doe xxx-xx-5555	0	Heavy Highway Labor	O	0	0	0	0	0	0	0	0	44.00	400.00	1240.00	94.86	61.85	0.00	387.77	852.23
			S	0	0	8	8	8	8	8	40	31.00	200.00	1240.00	179.06	0.00	52.00		6241
Johnny Doe xxx-xx-4444	2	Laborer	O	0	0	0	0	0	0	0	0	37.50	360.00	1048.00	80.17	32.17	0.63	248.48	799.52
			S	0	0	8	0	8	0	8	24	25.00	0.00	600.00	72.63	10.48	52.40		6242
Susan Anthony xxx-xx-5435	4	Truck Driver	O	0	0	0	0	0	0	0	0	37.50	600.00	1000.00	76.50	27.32	0.00	195.53	804.47
			S	0	0	8	8	8	8	8	40	25.00	0.00	1000.00	41.71	0.00	50.00		6243
Tom Jones xxx-xx-2323	2	Heavy Equipment Operator	O	0	0	0	0	0	0	0	0	42.00	400.00	1120.00	85.68	68.73	0.00	277.72	842.28
			S	0	0	8	8	8	8	8	40	28.00	0.00	1120.00	81.27	8.44	33.60		6244
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