

CERTIFIED PAYROLL REPORT

Page 1 of 1

Employer Name and Address ABC Contractors 210 Lakeview Road Sometown, PA 99999			Name of General / Prime Contractor							Project Name and Location Sample project for demonstration only					Contracting Public Authority													
Check if subcontractor <input type="checkbox"/>			Week Ending 06/30/2007							Payroll # 1			7. Fringes <input type="checkbox"/> Approved Plan: <input checked="" type="checkbox"/>			Project Number 54-67-89												
			3. Hours Worked - Day and Date							4. Proj. Tot Hrs	5. Base Rate	6. Project Gross	Cash + Approved Plan <input type="checkbox"/>					8. Tot Hrs All	9. Total Gross All	10. Taxes With.	11. Other Ded.	12. NET Paid						
1. Employee Name, Address and Social Security Number Jane Doe 71 Pineapple Lane Sometown, OH 99999	2. Work Class Pipe Fitter	Su	Mo	Tu	We	Th	Fr	Sa	06/24				06/25	06/26	06/27	06/28	06/29						06/30	0	27.00	432.00	1.00	1.50
		OT	ST	0	8	8	8	0	0	0	24	18.00	480.00	1.00	1.50	2.00	1.00	5.00	40.00	800.00	251.06	0.00	548.94					
John Doe P.O. Box 999 Sometown, OH 99999	Sheetmetal Worker	OT	0	0	0	0	0	0	0	0	30.00	528.00	1.00	1.50	2.00	1.00	5.00	40.00	880.00	169.68	0.00	710.32						
		ST	0	8	8	8	0	0	0	24	22.00	336.00	1.00	1.50	2.00	1.00	5.00	40.00	560.00	119.90	0.00	440.10						
		OT								336.00	1.00	1.50	2.00	1.00	5.00	40.00	560.00	119.90	0.00	440.10								
		ST								336.00	1.00	1.50	2.00	1.00	5.00	40.00	560.00	119.90	0.00	440.10								
		OT								336.00	1.00	1.50	2.00	1.00	5.00	40.00	560.00	119.90	0.00	440.10								
		ST								336.00	1.00	1.50	2.00	1.00	5.00	40.00	560.00	119.90	0.00	440.10								
		OT								336.00	1.00	1.50	2.00	1.00	5.00	40.00	560.00	119.90	0.00	440.10								
		ST								336.00	1.00	1.50	2.00	1.00	5.00	40.00	560.00	119.90	0.00	440.10								

Date 07/03/2007 My signature on this form signifies that I pay, or supervise the payment of the employees shown above. I am certifying: 1) That during the pay period reported on this form, all hours worked on this project have been paid at the appropriate prevailing wage rate for the class of work done. 2) That the fringe benefits have been paid as indicated above. 3) That 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 Ohio Revised Code Chapter 4115. 4) That apprentices are registered with the U.S. Department of Labor, Bureau of Apprenticeship and Training. The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution.

Name and Title _____ Cory Smith President _____

Signature _____