

CERTIFICATION OF PAYROLL

NAME OF CONTRACTOR		SUBCONTRACTOR		ADDRESS		FEIN:														
New York Company		<input checked="" type="checkbox"/>		2378 Dane Hill Road West Charleston, NY 02111		01-2345678														
PAYROLL No.		FOR WEEK ENDING	PROJECT AND LOCATION						Solicitation Number		PROJECT/CONTRACT NO.									
1		01/03/04	Variable Rate Job Project Number Project Name in Ship To Block Project location City, CA 98577						Solicitation # from CPS		SCA Contract # from CPS									
(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	ETHNICITY	TRADE AND CLASSIFICATION	Time	DAY AND DATE							TOTAL HOURS	RATE OF PAY PER HOUR	SUPPLEMENTAL BENEFITS		TOTAL BASE WAGES LESS PREMIUM PORTION	PREMIUM PORTION OF OT AND ST	GROSS PAY	TOTAL TAX & OTHER DEDUCTIONS	NET PAY	
	SEX			Sun	Mon	Tue	Wed	Thu	Fri	Sat			RATE PER HOUR	PAID TO						TOTAL PAID
				12/28	12/29	12/30	12/31	1/1	1/2	1/3										
				HOURS WORKED EACH DAY																
Laura B. Laborer PO Box 798 West Charleston, CA 02345 002-55-1234	American Indian	Laborer, Semi-Skilled	RT										Union Local # 711	\$ 12.40	\$ 43.00	\$ 2.00	\$ 45.00	\$ 9.42	\$ 35.58	
	Female		ST										E							
			OT	0	0	0	0	2	0	0	2	\$ 22.50	\$ 6.20	O						
Mark L. Mason PO Box 888 Derby, CA 02345 004-66-9987	Black	Brick Layer - Journeyman	RT	0	0	0	0	4	4	0	8	\$ 26.20	\$ 6.20	Union Local #	\$ 49.60	\$ 209.60	\$ -	\$ 209.60	\$ 82.13	\$ 127.47
	Male		ST										E - X							
			OT										O							
Tammi T Trucker Route 111 Derby, CA 05887 077-05-6698	American Indian	Truck Drivers	RT	0	0	2	1	2	2	0	7	\$ 25.00	\$ 6.20	Union Local # 711	\$ 43.40	\$ 175.00	\$ -	\$ 175.00	\$ 50.42	\$ 124.58
	Female		ST										E							
			OT										O							
			RT										Union Local #							
			ST										E							
			OT										O							
			RT										Union Local #							
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			OT										O							
			RT										Union Local #							
			ST										E							
			OT										O							

LEGEND:

Time:
RT = Regular Time
OT = Over Time
ST = Shift Time

Supplemental Benefits:
U = Indicate Union Local
E = If paid to employee
O = Other

WEEKLY TOTAL OF ALL PAGES 17 **\$105.40 \$427.60 \$2.00 \$429.60 \$141.97 \$287.63**

I, Betty A. Bookkeeper Bookkeeper

Subscribed and sworn to me

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.

this day of

Notary Public

Officer's Signature Date

Commission Expires: