

Certified Payroll Report

Ohio School Facilities Commission
10 West Broad Street, 14th Floor • Columbus, Ohio 43215



Report for: Check if Subcontractor ¹ Contract No. _____ Payroll No. 1

Company¹ Ohio Certified Payroll Solution for QuickBooks Contractor Name Fed Proj State Proj

Address 1234 Any Street Customer One _____ Project Name & Location _____ Week Ending 10/7/2000

City, State, Zip Canton, OH 55542 Public Authority (Owner) 07-176 (QB Job Name)

Phone No. Phone: (888) 348-2877 Awarding Authority from CPS _____ Orchard Road Berlin, OH _____ Sheet² 1 of 1

Employee Name, Current Address	Work Class	Race/ Sex	Hours Worked - Day & Date							Total Hours	Base Rate	Fringes:					With. Tax	Soc. Sec.	Other	Net Pay	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat			H&W	Pens	Vac	App.	Other					Total
			10/01	10/02	10/03	10/04	10/05	10/06	10/07												
Eight I Employee 123 anywhere street anytown, OH 43215	Foreperson	OT								19.00	\$22.50	3.34	1.00	1.50	0.75	0.00	6.59	119.35	68.85	2.25	\$709.55
Eleven C Employee 156 No Street Anytown, OH 43215	Laborer, Semi-Skilled	OT								19.00	\$18.50	3.34	1.00	1.50	0.75	0.00	6.59	109.72	56.61	1.76	\$571.91
Nine A Employee 123 that street Notown, OH 43215	Laborer- Apprentice 50%	OT								19.00	\$9.25	1.67	0.50	0.75	0.75	0.00	3.67	56.73	28.31	0.93	\$284.03
Ten B Employee 133 this street Anytown, OH 43215	Laborer- Apprentice 80%	OT								19.00	\$14.80	2.67	0.80	1.20	0.75	0.00	5.42	54.94	45.28	1.36	\$490.42
Twelve D Employee 166 Any Street Anytown, OH 43215	Laborer, Semi-Skilled	OT								19.00	\$18.50	3.34	1.00	1.50	0.75	0.00	6.59	0.00	56.61	0.00	\$683.39

By signing below, I certify that as required by contract: (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 at the appropriate wage rate for the class of work done; (3) the fringe benefits have been paid as indicated above; (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 by law and regulation. I understand that the willful falsification of any of the above statements may subject the Contractor or

Type or Print Name and Title Nancy Smyth CQA Signature _____ Date 2/24/2012

¹If Subcontractor, provide Contractor name in space provided. ²Attach additional sheets as necessary.