CERTIFIED PAYROLL REPORT

DOE.ECP v1.0_ 1205

		REPORT SUBMISSION DATE	9-Dec-10
Name is Contractor: Subcontractor: X		THIS IS AN AMENDED FORM X PAYMENTS MADE ON SAME DAY TO ALL EMPLOYEES	
NAME:		Hawaii	
PAYROLL NO.	FOR WEEK ENDING	LOCATION	VENDOR CODE
1	January 3, 2004	QuickBooks Job Name{QB Job Ship To Address} Project Number	S->SP->Addresses Ta
NAME		ADDRESS .	SOC SEC NO.
Laura B Laborer		PO Box 798 West Charleston, CA 02345	002-55-1234
Mark L Mason		PO Box 888 Derby, CA 02345	004-66-9987
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