WORKFORCE EMPLOYMENT UTILIZATION REPORT

TYPE OF REPORT (check one): / / TOTAL WORKFORCE / X / CONTRACT SPECIFIC WORKFORCE

TYPE OR SERVICE (check one): / / PROFESSIONAL CONSTRUCTION CONSULTANT / X / SERVICES/CONSULTING / / COMMODITIES CHECK IF NOT-FOR-PROFIT / /

CONTRACTOR/FIRM NAME: New York Certified Payroll Solution for QuickBooks

ADDRESS: 1256 Any Street
Brigham, NY 55512

TELEPHONE NUMBER: (888) 348-2877

FEDERAL ID NO.: FEIN

N.Y.S. UNEMPLOYMENT INSURANCE NO.: NY SUI#

CHECK ONE: / / PRIME CONTRACTOR / X / SUBCONTRACTOR

CONTRACT NO.: Fed Prj/Cntr Reg/Slct # State Proj/Job Code/S CONTRACT AMOUNT: $0.00

CONTRACT START DATE: 1/1/2001

PERCENT OF JOB COMPLETED: 5

REPORTING PERIOD: / / QUARTERLY / / SEMI-ANNUAL

MONTHLY REPORT FOR: From 11/01/01 to 11/30/01

PROJECT NAME: 2001-02 (QB Job name)

PROJECT LOCATION: Default Location

COUNTY: Default County ZIP: 2114

PRODUCT/SERVICE PROVIDED: {Product/Service}

NUMBER OF EMPLOYEES

FEDERAL OCCUPATIONAL CATEGORY	TOTAL NUMBER OF EMPLOYEES		ETHNICITY HISPANIC OR LATINO		ETHNICITY NOT HISPANIC OR LATINO		AMERICAN INDIAN OR ALASKA NATIVE		ASIAN		BLACK OR AFRICAN AMERICAN		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		WHITE		AMERICAN INDIAN OR ALASKA NATIVE AND WHITE		ASIAN AND WHITE		AMER. INDIAN OR ALASKA NATIVE & BLACK OR AFRICAN AMER.		BALANCE OF INDIVIDUALS - REPORT MORE THAN ONE RACE	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Officials (Managers)																								
Supervisors	1				1										1									
Foreperson																								
Clerical																								
Equip. Opers.																								
Mechanics																								
Truck Drivers																								
Ironworkers																								
Carpenters																								
Cement Masons																								
Electricians																								
Pipefitter Plumber																								
Painters																								
Laborer-Apprentice 80%	1				1										1									
Totals	2	0	0	0	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0

CERTIFICATION: I, Nancy Smyth (Print Name), the CQA (Title), do certify that (i) have read this Workforce Employment Utilization Report (ii) to the best of my knowledge and belief the information contained herein is complete and accurate.

SIGNATURE: _____ DATE: _____

Revised: November 2004