

**PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS**  
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)

| NAME OF CONTRACTOR <input type="text"/>  |                                  | OR SUBCONTRACTOR <input type="text"/> |                  | ADDRESS<br><b>2378 Dane Hill Road West Charleston, NJ 08772</b> |     |   |     |     |     |     |                     |                        |                                | PROJECT OR E.D.A. OR U.D.C. NO.<br>1/16/2003 |         |   |          |                    |                     |                                    |   |                     |  |  |
|--|----------------------------------|---------------------------------------|------------------|---|-----|---|-----|-----|-----|-----|---------------------|------------------------|--------------------------------|--|---------|---|----------|--------------------|---------------------|------------------------------------|---|---------------------|--|--|
| PAYROLL NUMBER<br><b>1</b>   |                                  | WEEK ENDING<br><b>1/11/2003</b>       |                  | OR FINAL CERTIFICATION<br><input type="text"/>                  |     | PROJECT NAME AND LOCATION:<br><b>15-271</b><br><b>Project Name Project Street City,</b> |     |     |     |     |                     |                        |                                |  |         | <small>Proj Prog # 15-271-26 Proj # NJ-15271-2002</small> |          |                    |                     |                                    |   |                     |  |  |
| 1<br>NAME, ADDRESS AND<br>SOCIAL SECURITY NUMBER<br>Supervisor, Sam L.           | # With-<br>holding<br>Exemptions | 3<br>TRADE<br>RACE<br>Supervisors     | OT.<br>or<br>ST. | Sun   |     |   |     |     |     |     | 5<br>TOTAL<br>HOURS | 6<br>RATE<br>OF<br>PAY | 7<br>GROSS<br>AMOUNT<br>EARNED | 8. DEDUCTIONS                                |         |   |          |                    |                     | 9<br>NET WAGES<br>PAID FOR<br>WEEK | 10<br>TOTAL FRINGE<br>BENEFIT<br>COST/HR. |                     |  |  |
|  |                                  |                                       |                  | ###   | ### | ###   | ### | ### | ### | ### |                     |                        |                                | FWH  | MCARE   | FICA  | STWH     | SUI/<br>DISABILITY | OTHER<br>DEDUCTIONS |                                    |   | TOTAL<br>DEDUCTIONS |  |  |
|  |                                  |                                       |                  | HOURS WORKED EACH DAY   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
| 177 Main Street<br>West Charleston, NJ 07884<br>010-22-3345<br>Laborer, Laura B. | 2                                |                                       | DT<br>OT         | 0   | 0   | 4   | 0   | 4   | 0   | 0   | 8                   | \$ 45.00               | \$ 360.00                      | \$ 60.60                                     | \$ 5.22 | \$ 22.32  | \$ 12.15 | \$ 20.00           | \$ 3.33             | \$ 123.62                          | \$ 236.38                                 | \$ -                |  |  |
| PO Box 798<br>West Charleston, NJ 07551<br>002-55-1234<br>Mason, Mark L.         | 4                                |                                       | DT<br>OT         | 0   | 0   | 0   | 8   | 8   | 8   | 0   | 24                  | \$ 18.00               | \$ 432.00                      | \$ 35.40                                     | \$ 6.26 | \$ 26.78  | \$ 7.65  | \$ 60.00           | \$ 4.00             | \$ 140.09                          | \$ 291.91                                 | \$ -                |  |  |
| PO Box 888<br>Derby, NJ 07553<br>004-66-9987<br>Equipment, John J                | 3                                |                                       | DT<br>OT         | 0   | 0   | 0   | 0   | 8   | 8   | 0   | 16                  | \$ 23.50               | \$ 376.00                      | \$ 31.11                                     | \$ 5.45 | \$ 23.31  | \$ 6.15  |                    | \$ 3.48             | \$ 69.50                           | \$ 306.50                                 | \$ 3.25             |  |  |
| PO Box 111<br>Newport, NJ 07552<br>005-66-9987                                   | 0                                |                                       | DT<br>OT         | 0   | 0   | 0   | 4   | 8   | 8   | 0   | 20                  | \$ 20.00               | \$ 400.00                      | \$ 66.50                                     | \$ 5.80 | \$ 24.80  | \$ 8.58  | \$ 50.00           | \$ 28.69            | \$ 184.37                          | \$ 215.63                                 | \$ -                |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |
|  |                                  |                                       | DT<br>OT         |   |     |   |     |     |     |     |                     |                        |                                |  |         |   |          |                    |                     |                                    |   |                     |  |  |