



| NAME (A) | | CONTRACTOR | SUBCONTRACTOR | ADDRESS (B) | | | | | | | | | | TAXPAYER ID or F.E.I.N. (C) | | | | | | | |
|--|-----------------------|------------|---|-----------------------------------|------------------|----------|----------|-----------|-----------|-----------------|-----------|--------------------|--|-----------------------------|-----------------|-------------------|---|--|-------------------|--|-----------------|
| New York Certified Payroll Solution for QuickBooks | | | | 1256 Any Street Brigham, NY 55512 | | | | | | | | | | FEIN | | | | | | | |
| PAYROLL NO. (D) | FOR WEEK ENDING (E) | | PROJECT AND LOCATION (F) | | | | | | | MTA AGENCY NAME | | | MTA AGENCY CONTRACT NUMBER | | | | | | | | |
| 1 | November 13, 2001 | | Newman Apts 515 Park Avenue | | | | | | | Not Applicable | | | Fed Proj/Cntr Reg/Slct # State Proj/Job Code/SCA # | | | | | | | | |
| EMPLOYEE'S NAME, Address, City, State, Zip Social Security Number (1) | SEE LEGEND | | LIST TRADE & CHECK WORK CLASSIFICATION (2) | TIME | DAY AND DATE (4) | | | | | | | TOTAL HOURS (5) | RATE OF PAY PER HOUR (6) | SUPPLEMENTAL BENEFITS | | | TOTAL BASE WAGES LESS PREMIUM PORTION (10) | PREMIUM PORTION OF O.T. & S.T. (11) | GROSS PAY (12) | TOTAL TAX AND OTHER DEDUCTIONS (13) | NET PAY (14) |
| | (1a) | (1b) | | | Wed 11/7 | Thu 11/8 | Fri 11/9 | Sat 11/10 | Sun 11/11 | Mon 11/12 | Tue 11/13 | | | RATE PER HOUR (7) | TO CHECK (8) | TOTAL PAID (9) | | | | | |
| | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | | | | | |
| Martin, Employee T | | | J A1 A2 A3+ | DT | | | | | | | | 0 | | Union # | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 123 Anywhere Str. Apt 3B | 5 | M | Foreperson | RT | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 36.68 | 23.95 | 167.65 | 256.76 | 0.00 | 424.41 | 105.47 | 318.94 | |
| Anytown, NY 55512 | | | | TT | | | | | | | | 0 | | E | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 136-60-2450 | | | | OT | | | | | | | | 0 | | Local 17 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Rufa, Employee L | | | | J A1 A2 A3+ | DT | | | | | | | | 0 | | Union # | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 123 Some Street | 5 | M | Laborer, Semi-Skilled | RT | 7 | 7 | 7 | 0 | 0 | 7 | 7 | 35 | 33.68 | 23.95 | 838.25 | 1178.80 | 0.00 | 2017.05 | 354.83 | 1662.22 | |
| Anytown, NY 55512 | | | | TT | | | | | | | | 0 | | E | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 103-46-4496 | | | | OT | | | | | | | | 0 | | Local 17 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | | J A1 A2 A3+ | DT | | | | | | | | 0 | | Union # | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | J A1 A2 A3+ | RT | | | | | | | | 0 | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | TT | | | | | | | | 0 | | E | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | OT | | | | | | | | 0 | | O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | DT | | | | | | | | 0 | | Union # | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | RT | | | | | | | | 0 | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | TT | | | | | | | | 0 | | E | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | OT | | | | | | | | 0 | | O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | DT | | | | | | | | 0 | | Union # | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | RT | | | | | | | | 0 | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | TT | | | | | | | | 0 | | E | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | OT | | | | | | | | 0 | | O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | DT | | | | | | | | 0 | | Union # | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | RT | | | | | | | | 0 | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | TT | | | | | | | | 0 | | E | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | J A1 A2 A3+ | OT | | | | | | | | 0 | | O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| WEEKLY TOTAL | | | | | 42.00 | | | | | | | 1005.90 | 1435.56 | | 2441.46 | | 1981.16 | | | | |

LEGEND

- 1a-ETHNICITY
- 01 BLACK
- 02a HISPANIC
- 03a ASIAN-PACIFIC
- 03b ASIAN-INDIAN
- 04 NATIVE AMERICAN
- 05 OTHER
- 1b-SEX
- M- MALE
- U- IF PAID TO UNION (Enter Union I,
- F- FEMALE E- IF PAID TO EMPLOYEE
- 3-TIME
- O- IF OTHER
- RT-REGULAR TIME
- OT- OVERTIME
- ST- SHIFT TIME

I, Nancy Smyth 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.

Subscribed and sworn to before me

this _____ day of _____

Notary Public

Commission Expires:

04/18/12

OFFICER'S SIGNATURE

Date