STATE OF HAWAII

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.
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