

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS 210 Lakeview Road Somertown, NJ 99999		DATE WAGES DUE 01/16/2009	DATE WAGES PAID 01/16/2009																
PAYROLL NO. 1	WEEK ENDING OR FINAL CERTIFICATION 01/10/2009 <input type="checkbox"/>	PROJECT NAME AND LOCATION Sample project for demonstration only 900 Spring Ridge Drive Somertown, NJ 99999		CONTRACTOR REGISTRATION NUMBER 7200A																	
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	O T or S T	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS						8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.
			01/04	01/05	01/06	01/07	01/08	01/09	01/10			This Project Only	Total for Week	FICA	With- holding Tax	State Tax	Local Tax	Other	Total Deduc- tions		
			Su	Mo	Tu	We	Th	Fr	Sa			HOURS WORKED EACH DAY									
Jane Doe 71 Pineapple Lane Somertown, NJ 99999	Pipe Fitter	OT	0	0	0	0	0	0	0	0	27.00	432.00	720.00	55.08	96.83	13.37	0.00	6.66	171.94	548.06	10.50
		ST	0	8	8	8	0	0	0	24	18.00										
John Doe P.O. Box 999 Somertown, NJ 99999	Sheetmetal Worker	OT	0	0	0	0	0	0	0	0	30.00	480.00	800.00	61.20	116.83	17.17	0.00	7.40	202.60	597.40	10.50
		ST	0	8	8	8	0	0	0	24	20.00										
John Q. Public 2300 Arena Avenue Somertown, NJ 99999	Truck Driver	OT	0	0	0	0	0	0	0	0	33.00	528.00	880.00	67.32	72.53	14.91	0.00	8.14	162.90	717.10	10.50
		ST	0	8	8	8	0	0	0	24	22.00										
John Smith 36 Mimosa Lane Somertown, NJ 99999	Laborer	OT	0	0	0	0	0	0	0	0	21.00	336.00	560.00	42.84	58.38	8.89	0.00	5.18	115.29	444.71	10.50
		ST	0	8	8	8	0	0	0	24	14.00										
		OT																			
		ST																			
		OT																			
		ST																			
		OT																			
		ST																			

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

SUBMIT TO PUBLIC BODY OR LESSOR

Date 01/12/2009

I, Cory Smith, President
(Name of signatory party) *(Title)*

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by
ABC Contractors on the building or work
(Contractor or Subcontractor) *(Project Name and Location)* ;

that during the payroll period beginning on the 04 day of January, 2009, and ending the
10 day of January, 2009, all persons employed on said project have been paid the full weekly
wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said
ABC Contractors from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in the New Jersey
Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment
of Wages Law, N.J.S.A. 34:11-4.1 et seq.

Enter permissible deductions here

Enter permissible deductions here

(2) That any payrolls otherwise under this contract required to be submitted for the above period
are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than
the applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in good standing, in an
apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey
Department of Education or by the Bureau of Apprenticeship training in the United States Department of
Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to the appropriate programs for the benefit of such employees, except
as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated
on the payroll, an amount not less than the sum of the applicable basic hourly wage rate
plus the amount of the required fringe benefits as listed in the contract, except as noted
in Section 4(c) below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)	
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
REMARKS This is a sample project for demonstration purposes only	
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE *	
1) Medical or Hospital Coverage	Fill in any benefits provided.....
2) Dental Coverage	Fill in any benefits provided.....
3) Pension or Retirement	Fill in any benefits provided.....
4) Vacation, Holidays	Fill in any benefits provided.....
5) Sick Days	Fill in any benefits provided.....
6) Life Insurance	Fill in any benefits provided.....
7) Other (Explain)	Local #999
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE	

(5) N.J.A.C. 12:60-2.1 and 6.1 - The Public Works employees shall submit to the public body
or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE	Cory Smith	President
SIGNATURE		
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.		