



CONTRACTORS CERTIFIED PAYROLL FORM

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>									ADDRESS									
ABC Contractors									210 Lakeview Road Sometown, NY 99999									
PAYROLL NO. 1			FOR WEEK ENDING 07/21/2013						PROJECT AND LOCATION Another project for demonstration purposes only						PROJECT OR CONTRACT NO. 65498-32			
(1) Name, Address, and Last four (4) digits of Social Security Number of Employee	(2) Work Classification	(3) DAY AND DATE							(4) Total Hours	(5) Rate of Pay	(6) Gross Amount Earned Project/All	(7) Deductions					(8) Net Wages Paid For Week	
		Mo	Tu	We	Th	Fr	Sa	Su				FICA	With-Holding Tax	State	Local	Other		Total Deductions.
		07/15	07/16	07/17	07/18	07/19	07/20	07/21				HOURS WORKED EACH DAY						
Jane Doe 71 Pineapple Lane Sometown, NY 99999 xxx-xx-9999	Pipe Fitter	O	0	0	0	0	0	0	0	27.00	288.00	40.68	95.38	32.50	0.00	38.88	207.44	512.56
		S	0	0	0	0	8	8	0	16								
John Doe P.O. Box 999 Sometown, NY 99999 xxx-xx-9999	Sheetmetal Worker	O	0	0	0	0	0	0	0	30.00	320.00	45.20	115.38	37.98	0.00	43.20	241.76	558.24
		S	0	0	0	0	8	8	0	16								
John Q. Public 2300 Arena Avenue Sometown, NY 99999 xxx-xx-9999	Truck Driver	O	0	0	0	0	0	0	0	33.00	352.00	49.72	71.52	40.16	0.00	47.52	208.92	671.08
		S	0	0	0	0	8	8	0	16								
John Smith 36 Mimosas Lane Sometown, NY 99999 xxx-xx-9999	Laborer	O	0	0	0	0	0	0	0	21.00	224.00	31.64	59.10	20.22	0.00	30.24	141.20	418.80
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**DORMITORY AUTHORITY
STATE OF NEW YORK**

**CONTRACTOR AND SUBCONTRACTOR
CERTIFICATIONS**

I, Cory Smith, am an officer with the title
(Name of Officer)
of President in the firm of ABC Contractors
and authorized by that firm to sign and swear, under penalty of perjury, to the validity and accuracy
of the following statements:

A. Labor Law Certification:

1. I pay or supervise the payment of laborers, workers and mechanics employed by the noted firm. During the payroll period commencing on the 15 day of July, 2013, and ending the 21 day of July, 2013, all laborers, workers and mechanics were paid wages and supplements recorded as earned on the attached payroll records. No deductions have been made either directly or indirectly from the wages and supplements other than deductions shown on payroll records.
2. Payroll records submitted for the above period and attached hereto are correct and complete, and wage rates for laborers, workers and mechanics contained therein are not less than applicable wage rates stated in the Contract and as designed by the NYS Department of Labor. The number of hours shown for each employee reflects actual hours worked by that employee. The classification shown for each employee is accurate and conforms with the work she or he performed.
3. Supplements required in the Contract that are in addition to basic hourly wages have been or will be paid to the appropriate plans, funds or programs.

B. OSHA Law Certification

1. For all contracts advertised on or after 7/18/08 and valued over \$250,000, that all laborers, workers and mechanics working on site are certified as having successfully completed the OSHA 10-hour Construction Safety and Health Course-S1537-A and have furnished a copy of proof of completion of the OSHA 10 course, as of the first certified payroll submitted and on each succeeding payroll where any new or additional employee is first listed.

C. DEC Law Certification *(Subcontractors executing this form do not make this certification):*

1. I agree to comply with the NYS Environmental Conservation Law section 19-0323, and the rules and regulations promulgated thereunder, as administered by the NYS Department of Environmental Conservation.

By: Cory Smith Firm Name: ABC Contractors
(Signature of Officer)

Title: President Firm Address: 210 Lakeview Road
(Title of Officer) Sometown, NY 99999

Date: 07/25/2013

Check the appropriate box: Prime Subcontractor Project #: 65498-32 Contract #: 72-B

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE SIGNATOR OF THIS CERTIFICATION AND CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.