



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
Bureau of LABOR LAW

PAYROLL REPORT

(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

Agency: Sample Facility

CONTRACTOR'S NAME, ADDRESS, AND TELEPHONE				SUBCONTRACTOR'S NAME, ADDRESS, AND TELEPHONE									PAYROLL No.					
ABC Contractors Phone: (555) 555-5555 210 Lakeview Road Somtown, NY 99999				Phone:									1					
CONTRACT REG No.	JOB CODE	WEEK ENDING-DATE							PROJECT NAME & LOCATION				TAX I.D.					
54-67-89	9999-999	06/30/2007							Sample project for demonstration only 900 Spring Ridge Drive Somtown, NY 99999				55-5555555					
(1) EMPLOYEE'S NAME, ADDRESS, CITY, STATE, ZIP SOCIAL SECURITY NUMBER	(2) TRADE & WORK CLASSIFICATION RACE & GENDER	(3) T I M E	(4) DAY AND DATE							(5) TOTAL HOURS	(6) HOURLY RATE	(7) TOTAL BASE PAY	SUPPLEMENTAL BENEFITS			(11) GROSS PAY	(12) TOTAL TAX & OTHER DEDUCTIONS	(13) NET PAY
			S	M	T	W	T	F	S				(8) RATE PER HOUR	(9) TO IF UNION LOCAL #	(10) TOTAL PAID			
			06/24	06/25	06/26	06/27	06/28	06/29	06/30									
			HOURS WORKED EACH DAY															
Jane Doe 71 Pineapple Lane Somtown, NY 99999 999-99-9999	<input checked="" type="checkbox"/> J A1 A2 A3+ Pipe Fitter 05 F	RT	0	8	8	8	0	0	0	24	18.00	432.00	10.50	<input checked="" type="checkbox"/> U <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> O #999	252.00	432.00	136.30	295.70
		OT	0	0	0	0	0	0	0	0	27.00	0.00	10.50					
John Doe P.O. Box 999 Somtown, NY 99999 999-99-9999	<input checked="" type="checkbox"/> J A1 A2 A3+ Sheetmetal Worker 04 M	RT	0	8	8	8	0	0	0	24	20.00	480.00	10.50	<input checked="" type="checkbox"/> U <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> O #999	252.00	480.00	157.85	322.15
		OT	0	0	0	0	0	0	0	0	30.00	0.00	10.50					
John Q. Public 2300 Arena Avenue Somtown, NY 99999 999-99-9999	<input checked="" type="checkbox"/> J A1 A2 A3+ Truck Driver 05 M	RT	0	8	8	8	0	0	0	24	22.00	528.00	10.50	<input checked="" type="checkbox"/> U <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> O #999	252.00	528.00	137.73	390.27
		OT	0	0	0	0	0	0	0	0	33.00	0.00	1.50					
John Smith 36 Mimoso Lane Somtown, NY 99999 999-99-9999	<input checked="" type="checkbox"/> J A1 A2 A3+ Laborer 05 M	RT	0	8	8	8	0	0	0	24	14.00	336.00	10.50	<input checked="" type="checkbox"/> U <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> O #999	252.00	336.00	91.60	244.40
		OT	0	0	0	0	0	0	0	0	21.00	0.00	10.50					
	<input checked="" type="checkbox"/> J A1 A2 A3+	RT												<input type="checkbox"/> U <input type="checkbox"/> E <input type="checkbox"/> O				
		OT																
	<input checked="" type="checkbox"/> J A1 A2 A3+	RT												<input type="checkbox"/> U <input type="checkbox"/> E <input type="checkbox"/> O				
		OT																
	<input checked="" type="checkbox"/> J A1 A2 A3+	RT												<input type="checkbox"/> U <input type="checkbox"/> E <input type="checkbox"/> O				
		OT																

INSTRUCTIONS ON REVERSE SIDE
FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

I, Cory Smith hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown. Understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

OFFICER'S SIGNATURE

DATE