

Name of Contractor/Subcontractor ABC Contractors	Address 210 Lakeview Road Sometown, NY 99999	Phone No. (555) 555-5555	Payroll No. 1
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Contract Reg. No. 54-67-89	Job Code 9999-999	Week Ending Date 06/30/2007	Project Name and Location Sample project for demonstration only	Tax ID No. 55-5555555
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(1) Name Address Social Security No.	(2) List Trade + Circle Work Classification Journey person Apprentice Helper	(3) T i m e	(4) Day and Date							(5) Total Hours	(6) Base Rate of Pay Per Hour	(7) Total Base Pay	Supplemental Benefits			(11) Gross Pay	(12) Total Tax + Other Deduct's	(13) Net Pay
			S	M	T	W	T	F	S				(8) Rate Per Hour	(9) Paid To (Local # if Union is Checked)	(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 Sometown, NY 99999 999-99-9999	J A H Pipe Fitter	RT	0	8	8	8	0	0	0	24	18.00	432.00	10.50	U #999	252.00	432.00	136.30	295.70
			0	0	0	0	0	0	0	0	27.00	0.00	10.50	E O				
John Doe P.O. Box 999 Sometown, NY 99999 999-99-9999	J A H Sheetmetal Worker	RT	0	8	8	8	0	0	0	24	20.00	480.00	10.50	U #999	252.00	480.00	157.85	322.15
			0	0	0	0	0	0	0	0	30.00	0.00	10.50	E O				
John Q. Public 2300 Arena Avenue Sometown, NY 99999 999-99-9999	J A H Truck Driver	RT	0	8	8	8	0	0	0	24	22.00	528.00	10.50	U #999	252.00	528.00	137.73	390.27
			0	0	0	0	0	0	0	0	33.00	0.00	1.50	E O				
John Smith 36 Mimosa Lane Sometown, NY 99999 999-99-9999	J A H Laborer	RT	0	8	8	8	0	0	0	24	14.00	336.00	10.50	U #999	252.00	336.00	91.60	244.40
			0	0	0	0	0	0	0	0	21.00	0.00	10.50	E O				
	J A H	RT												U				
			OT												E			
	J A H	RT												U				
			OT												E			

(Instructions on Reverse Side)

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

I 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. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE	Cory Smith NAME (Print)	President TITLE	20 DATE
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