



99999-9999

**CERTIFICATION OF PAYROLL**

(SEE INSTRUCTIONS ON BACK)

Page 1 of 1

<b>NAME (A)</b> <input checked="" type="checkbox"/> <b>CONTRACTOR</b> <input type="checkbox"/> <b>SUBCONTRACTOR</b>	<b>ADDRESS (B)</b> 210 Lakeview Road Somertown, NY 99999	<b>TAXPAYER I.D. OR F.E.I.N. (C)</b> 55-55555555
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<b>PAYROLL NO. (D)</b> 1	<b>FOR WEEK ENDING (E)</b> 06/30/2007	<b>PROJECT AND LOCATION (F)</b> Sample project for demonstration only	<b>MTA AGENCY NAME (G)</b> Sample Facility	<b>MTA AGENCY CONTRACT NUMBER (H)</b> 54-67-89
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EMPLOYEE'S NAME, Address, City, State, Zip Social Security Number  (1)	SEE LEGEND  (1a) (1b)		LIST TRADE & CIRCLE WORK CLASSIFICATION  (2)	T	DAY AND DATE (4)							M	R	O	SUPPLEMENTAL BENEFITS			TOTAL BASE WAGES LESS PREMIUM PORTION (10)	PREMIUM PORTION OF O.T. & S.T. (11)	GROSS PAY Project /All (12)	TOTAL TAX AND OTHER DEDUCTIONS (13)	NET PAY (14)
					Su	Mo	Tu	We	Th	Fr	Sa				RATE PER HR (7)	TO (CIRCLE) (8)	TOTAL PAID (9)					
					06/24	06/25	06/26	06/27	06/28	06/29	06/30				HOURS WORKED EACH DAY (5)							

Jane Doe 71 Pineapple Lane Somertown, NY 99999 999-99-9999	05	F	J A1 A2 A3+ Pipe Fitter	RT	0	8	8	8	0	0	0	24	18.00	10.50	U #999	36.00	432.00	0.00	432.00	720.00	227.17	492.83	
					0	0	0	0	0	0	0	0	27.00	10.50		E							0.00
					0	0	0	0	0	0	0	0	36.00	10.50		O							216.00
John Doe P.O. Box 999 Somertown, NY 99999 999-99-9999	04	M	J A1 A2 A3+ Sheetmetal Worker	RT	0	8	8	8	0	0	0	24	20.00	10.50	U #999	36.00	480.00	0.00	480.00	800.00	263.09	536.91	
					0	0	0	0	0	0	0	0	30.00	10.50	E	0.00							
					0	0	0	0	0	0	0	0	40.00	10.50	O	216.00							
John Q. Public 2300 Arena Avenue Somertown, NY 99999 999-99-9999	05	M	J A1 A2 A3+ Truck Driver	RT	0	8	8	8	0	0	0	24	22.00	10.50	U #999	36.00	528.00	0.00	528.00	880.00	229.55	650.45	
					0	0	0	0	0	0	0	0	33.00	1.50	E	0.00							
					0	0	0	0	0	0	0	0	44.00	1.50	O	216.00							
John Smith 36 Mimosa Lane Somertown, NY 99999 999-99-9999	05	M	J A1 A2 A3+ Laborer	RT	0	8	8	8	0	0	0	24	14.00	10.50	U #999	36.00	336.00	0.00	336.00	560.00	152.67	407.33	
					0	0	0	0	0	0	0	0	21.00	10.50	E	0.00							
					0	0	0	0	0	0	0	0	28.00	10.50	O	216.00							
			J A1 A2 A3+	RT											U								
															E								
															O								
			J A1 A2 A3+	RT											U								
															E								
															O								

<b>LEGEND</b>	<b>Weekly Totals Of All Pages (15)</b>	1008.00	1776.00	0.00	1776.00	2960.00	872.48	2087.52
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<b>1a- ETHNICITY</b> 01- BLACK 02a-HISPANIC 03a-ASIAN PACIFIC 03b-ASIAN INDIAN 04- NATIVE AMERICAN 05- OTHER	<b>1b- SEX</b> M- MALE F- FEMALE <b>3- TIME</b> RT- REGULAR TIME OT- OVERTIME ST- SHIFT TIME	<b>8- SUPPLEMENTAL BENEFITS</b> U- IF PAID TO UNION (Enter Union Local Name/Number) E- IF PAID TO EMPLOYEE O- IF OTHER	I, <u>Cory Smith</u> hereby certify that the information in this form represents wages and supplemental benefits paid to all persons employed by my firm for construction work on the project named herein during the period shown and that all information provided on this form is complete and correct.	<b>Subscribed and sworn to before me</b> this _____ day of _____, _____ Notary Public Commission Expires: _____
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OFFICER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_