



New York City  
School Construction Authority

CERTIFICATION OF PAYROLL (SEE INSTRUCTIONS ON BACK)

NAME (A)  CONTRACTOR  SUBCONTRACTOR ADDRESS (B) 210 Lakeview Road  
ABC Contractors Sometown, NY 99999 TAXPAYFR ID or F.F.I.N (C)  
55-555555

PAYROLL NO. (D) 1 FOR WEEK ENDING (E) 01/10/2009 PROJECT AND LOCATION (F) Sample project for demonstration only  
900 Spring Ridge Drive Sometown, NY 99999 SOLICITATION NUMBER (G) 9999-999 SCA CONTRACT NUMBER (H) 54-67-89

EMPLOYEE'S NAME Address, City, State, Zip Social Security Number (1)	SEE LEGEND		LIST TRADE & CIRCLE WORK CLASSIFICATION (2)	TIME	DAY AND DATE (4)							TOT. HRS. (5)	RATE OF PAY PER HOUR (6)	SUPPLEMENTAL BENEFITS		TOT BASE WAGES LESS PREMIUM PORTION (10)	PREMIUM PORTION OF O.T. & S.T. (11)	GROSS PAY Project /All (12)	TOTAL TAX AND OTHER DED. (13)	NET PAY (14)	
	(1a)	(1b)			Su	Mo	Tu	We	Th	Fr	Sa			RATE PER HOUR (7)	TO (Circle) (8)						TOTAL PAID (9)
	HOURS WORKED EACH DAY																				
Jane Doe 71 Pineapple Lane Sometown, 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 E O #999	252.00	432.00	0.00	432.00	223.29	496.71
					0	0	0	0	0	0	0	0	27.00	10.50							
					0	0	0	0	0	0	0	0	36.00	10.50							
John Doe P.O. Box 999 Sometown, 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 E O #999	252.00	480.00	0.00	480.00	259.21	540.79
					0	0	0	0	0	0	0	0	30.00	10.50							
					0	0	0	0	0	0	0	0	40.00	10.50							
John Q. Public 2300 Arena Avenue Sometown, 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 E O #999	252.00	528.00	0.00	528.00	227.53	652.47
					0	0	0	0	0	0	0	0	33.00	1.50							
					0	0	0	0	0	0	0	0	44.00	1.50							
John Smith 36 Mimoso Lane Sometown, 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 E O #999	252.00	336.00	0.00	336.00	151.68	408.32
					0	0	0	0	0	0	0	0	21.00	10.50							
					0	0	0	0	0	0	0	0	28.00	10.50							
			J A1 A2 A3+	RT																	
			J A1 A2 A3+	RT																	
			J A1 A2 A3+	RT																	

<b>LEGEND</b>				<b>WEEKLY TOTAL OF ALL PAGES (15)</b>	96	1008.00	1776.00	0.00	1776.00	2960.00	861.71	2098.29
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- 1a- ETHNICITY  
01- BLACK  
02a-HISPANIC  
03a-ASIAN-PACIFIC  
03b-ASIAN-INDIAN  
04- NATIVE AMERICAN  
05- OTHER
- 1b- SEX  
M- MALE  
F- FEMALE
- 3- TIME  
RT- REGULAR TIME  
OT- OVERTIME  
ST- SHIFT TIME
- 8- SUPPLEMENTAL BENEFITS  
U- IF PAID TO UNION (Enter Union Local Name & Number)  
E- IF PAID TO EMPLOYEE  
O- IF OTHER

I, Cory Smith 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.

OFFICER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public

Commission Expires: \_\_\_\_\_