



Department of Education

CERTIFICATION OF PAYROLL (SEE INSTRUCTIONS ON BACK)



New York City School Construction Authority

NAME (A) <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR	ADDRESS (B) 210 Lakeview Road Somertown, NY 99999	TAXPAYER ID or F.F.I.N. (C) 55-5555555
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PAYROLL NO. (D) 1	FOR WEEK ENDING (E) 01/10/2009	PROJECT AND LOCATION (F) Sample project for demonstration only 900 Spring Ridge Drive Somertown, NY 99999	SOLICITATION NUMBER (G) 9999-999	SCA CONTRACT NUMBER (H) 54-67-89
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EMPLOYEE'S NAME Address, City, State, Zip Social Security Number (1)	SEE LEGEND (1a) (1b)		LIST TRADE AND CLASSIFICATION (Circle the correct code) (2)	TIME	DAY AND DATE (4)							TOT. HRS. (5)	RATE OF PAY PER HOUR (6)	SUPPLEMENTAL BENEFITS		PREMIUM PORTION OF O.T. & S.T. (9)	GROSS PAY Project /All (10)	FICA (11)	FED W/H TAX (12)	STATE W/H TAX (13)	OTHER DED. (14)	NET PAY (15)	CHECK NUMBER (16)
					Su	Mo	Tu	We	Th	Fr	Sa			RATE PER HOUR (7)	PAID TO U/E/O (Circle) (8)								
					HOURS WORKED EACH DAY																		
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 E O	0.00	432.00	55.08	96.83	32.50	38.88	496.71	8110
					0	0	0	0	0	0	0	0	27.00	10.50	#999		720.00						
					0	0	0	0	0	0	0	0	36.00	10.50									
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 E O	0.00	480.00	61.20	116.83	37.98	43.20	540.79	8109
					0	0	0	0	0	0	0	0	30.00	10.50	#999		800.00						
					0	0	0	0	0	0	0	0	40.00	10.50									
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 E O	0.00	528.00	67.32	72.53	40.16	47.52	652.47	8118
					0	0	0	0	0	0	0	0	33.00	1.50	#999		880.00						
					0	0	0	0	0	0	0	0	44.00	1.50									
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 E O	0.00	336.00	42.84	58.38	20.22	30.24	408.32	8125
					0	0	0	0	0	0	0	0	21.00	10.50	#999		560.00						
					0	0	0	0	0	0	0	0	28.00	10.50									
			J A1 A2 A3+	RT											U E O								
					OT																		
					ST																		
			J A1 A2 A3+	RT											U E O								
					OT																		
					ST																		
			J A1 A2 A3+	RT											U E O								
					OT																		
					ST																		

LEGEND	WEEKLY TOTAL OF ALL PAGES (17)	96	0.00	1776.00	226.44	344.57	130.86	159.84	2098.29
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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.

Subscribed and sworn to before me
this _____ day of _____, _____
Notary Public
Commission Expires: _____

OFFICER'S SIGNATURE _____ DATE _____