

Certified Payroll Report

Ohio School Facilities Commission

7200A

Report for:		<input type="checkbox"/> Check if Subcontractor	Contract No.	Payroll No.
Company	<u>ABC Contractors</u>	Contractor Name	<u>54-67-89</u>	<u>1</u>
Address	<u>210 Lakeview Road</u>	Project Name & Location	<u>Sample project for demonstration only</u>	Week Ending
City, State, Zip	<u>Sometown, OH 99999</u>	Public Authority (Owner)	<u>900 Spring Ridge Dr. Sometown, OH 99999</u>	<u>06/30/2007</u>
Phone No.	<u>(555) 555-5555</u>	Public Authority	<u>Public Authority</u>	Sheet
				<u>1 of 1</u>

Employee Name, Address, Social Security Number	Work Class	Race/ Sex	Hours Worked - Day & Date							Total Hours	Base Rate	Fringes: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Approved Plans <input type="checkbox"/> Cash & Approved Plans						Deductions				
			Su	Mo	Tu	We	Th	Fr	Sa			Fringes Rate Per Hour						With. Tax	FICA	Other Ded.	Net Pay	
			06/24	06/25	06/26	06/27	06/28	06/29	06/30			H&W	Pens	Vac	App	Oth	Total					
Jane Doe 71 Pineapple Lane Sometown, OH 99999	Pipe Fitter	01/F	OT	0	0	0	0	0	0	0	0	27.00	1.00	1.50	2.00	1.00	5.00	10.50	161.94	55.08	0.00	502.98
			ST	0	8	8	8	0	0	0	24	18.00										
John Doe P.O. Box 999 Sometown, OH 99999	Sheetmetal Worker	05/M	OT	0	0	0	0	0	0	0	0	30.00	1.00	1.50	2.00	1.00	5.00	10.50	189.86	61.20	0.00	548.94
			ST	0	8	8	8	0	0	0	24	20.00										
John Q. Public 2300 Arena Avenue Sometown, OH 99999	Truck Driver	05/M	OT	0	0	0	0	0	0	0	0	33.00	1.00	1.50	2.00	1.00	5.00	10.50	102.36	67.32	0.00	710.32
			ST	0	8	8	8	0	0	0	24	22.00										
John Smith 36 Mimosa Lane Sometown, OH 99999	Laborer	04/M	OT	0	0	0	0	0	0	0	0	21.00	1.00	1.50	2.00	1.00	5.00	10.50	77.06	42.84	0.00	440.10
			ST	0	8	8	8	0	0	0	24	14.00										
			OT																			
			ST																			
			OT																			
			ST																			

By signing below, I certify that: 1) I pay, or supervise the payment of the employees shown above; (2) during the pay period reported on this form, all hours worked on this project have been paid the appropriate wage rate indicated; (3) the fringe benefits have been paid as indicated above; and (4) no rebates or deductions have been or will be made, directly or indirectly from the total wages earned, other than permissible deductions as defined in the ORC Chapter 4115. I understand that the willful falsification of any of the above statements may subject the Contractor or Subcontractor to civil or criminal prosecution.

Type or Print Name and Title Cory Smith President **Signature** _____ **Date** 07/03/2007

*If Subcontractor, provide Contractor name in space provided. *Attach additional sheets if necessary *Type in continuous line, text will wrap.