



**State of New York  
Department of Labor**

**WEEKLY PAYROLL**

The use of this form meets payroll notification requirements; as stated on the Payroll Records Notification.

NAME OF CONTRACTOR <input checked="" type="checkbox"/> SUBCONTRACTOR <input type="checkbox"/> PEM CONSTRUCTION COMPANY		ADDRESS P.O. BOX 217 1234 MAIN STREET CLAYTON, NC 27528 (919)639-7025																
FEIN 06-1014738		FOR WEEK ENDING 9/11/2007		PROJECT AND LOCATION 03129 777 WEST PUTNAM AVENUE CHICAGO, IL 66572							PROJECT OR CONTRACTOR NO. CONTRACT# 998978							
(1) Name, Address and Social Security Number of Employee	(2) No. of With-Holdings	(3) Work Classification	ST or OT	(4) Day and Date							(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) Deductions			(9) Net Wages Paid for Week	
				WED 9/5	THU 9/6	FRI 9/7	SAT 9/8	SUN 9/9	MON 9/10	TUE 9/11				FICA	With-Holding Tax	Total Deductions		
EDWARD ABDELLA 4 MILL RIDGE DRIVE DANBURY, CT 06811	5	DRYWALL	S	8.00	8.00	8.00	4.50		8.00	8.00	44.50	10.00	467.50	35.76	7.99	43.75	423.75	
			O									20.00						
PETER R ALONZO 777 WEST MAIN STREET ANDOVER, CA 06077	0	CARPENTER	S	8.00	8.00	8.00			8.00	8.00	40.00	15.00	625.20	47.83	55.93	5.82	109.58	515.62
			O									30.00						

**SAMPLE**



**State of New York  
Department of Labor**

**This certification must be completed on each weekly payroll form used by the contractor or subcontractor.**

For Week Ending: 9/11/2007  
Project and Location: 03129  
777 WEST PUTNAM AVENUE  
CHICAGO, IL 66572

Date 9/11/2007

I, JOHN SMITH, PRESIDENT do hereby state: (1) That I pay or supervise the payment of the persons employed by  
(Name of Signatory Party) (Title)

PEM CONSTRUCTION COMPANY that during the payroll period commencing on the 1 day of JULY 2007, and ending the 11 day of SEPTEMBER 2007  
(Contractor or Subcontractor)

all persons employed on said project have been paid the full weekly wages earned, that no rebate have been or will be made either directly or indirectly to or on behalf of said  
PEM CONSTRUCTION COMPANY from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly  
(Contractor or Subcontractor)

from the full wages earned by any person, other than permissible deductions as defined in Articles 8 and 9 and described below.

(2) That any payrolls submitted for the above period are correct and complete; that the wage rates for laborers, workers, or mechanics contained therein are not less than the classifications set forth therein for each laborer, worker, or mechanic and conform with the work he/she performed.

(3) That any apprentices employed in the above period are duly enrolled in a bona fide apprentice program registered with the State of New York Apprenticeship Training Bureau.

(4) (a) WHERE FRINGE BENEFITS ARE PAID IN CASH: Each laborer, worker, or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(b) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS; In addition to the basic hourly wage rates paid to each laborer, worker, or mechanic listed in the above referenced payroll, payment of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees,

**Hourly Benefits**

Name of Worker	Trade	Hours Worked	Medical	Dental	Annuity	Pension	Life Insurance	Other	Other	Other	Total / Hr. Benefits	Total Benefits
ABDELLA, EDWARD , No.:706	DRYWALL	44.50	0.10	0.05	0.10	0.00	0.00	0.00	0.00	0.00	0.25	11.13
ALONZO, PETER R, No.:7	CARPENTER	40.00	0.01	0.03	0.02	0.00	0.00	0.50	0.06	0.01	0.63	25.20

Signature

**The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution see Article 8 and 9 of the Labor Law**