



**PAYROLL REPORT**  
(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

Agency

NAME OF CONTRACTOR <input checked="" type="checkbox"/> SUBCONTRACTOR <input type="checkbox"/> PEM Software Systems, Inc		ADDRESS PO Box 217 Clayton, NC 27528			PHONE No. (919)639-7025		PAYROLL No. 9		
CONTRACT REG No.		JOB CODE Sample Project Code	WEEK ENDING DATE: 12/02/2009		PROJECT NAME & LOCATION PO Box 588 Windsor, CT 06095			TAX I.D. No.	

(1) NAME ADDRESS, SOCIAL SECURITY No.	(2) <u>LIST TRADE &amp; CIRCLE</u> <u>CLASSIFICATION</u> JOURNEYPERSON APPRENTICE HELPER	(3) T I M E	(4) DAY AND DATE							(5) TOTAL HOURS	(6) BASE RATE OF PAY PER HOUR	(7) TOTAL BASE PAY	(8) RATE PER HOUR	(9) PAID TO (Local # if Union is Checked)	(10) TOTAL PAID	(11) GROSS PAY	(12) TOTAL TAX & OTHER DEDUCTIONS	(13) NET PAY
			THU	FRI	SAT	SUN	MON	TUE	WED									
			11/26	11/27	11/28	11/29	11/30	12/1	12/2									
Jane J Doe PO Box 217 Clayton, NC 27528 000-00-0004 (919)555-5555	Electrician  JOURNEYPERSON	RT	8.00	8.00	8.00	8.00	8.00			40.00	10.00	400.00	10.00	U	400.00	1,000.00	296.60	703.40
		OT									15.00		0.00					
Jim H Doe 53 Halter Court Angier, NC 27501 000-00-0002 (919)919-5555	Mason  JOURNEYPERSON	RT	8.00	8.00	8.00	8.00		8.00		40.00	15.00	600.00		U		600.00	147.60	452.40
		OT									22.50		0.00					
John H Doe PO Box 258 Raleigh, NC 27509 000-00-0001 (919)639-7025	Electrician  JOURNEYPERSON	RT	5.00	5.00	5.00	5.00	5.00	5.00	5.00	35.00	10.00	350.00		U	350.00	73.48	276.52	
		OT									15.00		0.00					
John J Smith 12 Landing Cir Windsor, CT 06091 000-00-0005 (860)555-5555	Temp  JOURNEYPERSON	RT	9.00	9.00	9.00	9.00	9.00	9.00	9.00	63.00	12.00	756.00	15.00	U	945.00	2,331.00	812.95	1,187.05
		OT									18.00		0.00					

SAMPLE

(INSTRUCTIONS ON REVERSE SIDE)

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

I hereby certify that the above information represents wages and supplemental benefits is paid to all persons employed by my firm for construction work upon the above project during the period shown. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE \_\_\_\_\_ NAME (Print) \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Form and Software by PEM Software Systems, Inc. 800-803-1315