

Ohio

## CERTIFIED PAYROLL REPORT

Employer Name & Address PEM CONSTRUCTION COMPANY P.O. BOX 217 1234 MAIN STREET CLAYTON, NC 27528	Name of General / Prime Contractor PEM CONSTRUCTION COMPAY P.O. BOX 217  CLAYTON NC 27528	PROJECT AND LOCATION Sample Project ACME BUILDING CORPORATION 12345 MAIN STREET ANYWHERE, US 12345	Contracting Public Authority NUTMEG INTERIORS
Check if SubContractor <input checked="" type="checkbox"/>	FOR WEEK ENDING 2/12/2007	PAYROLL NO. 5	PAGE 1 of 1
			Project Number 859792/HHGDF

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) WORK CLASSIFICATION	(3) DAY AND DATE							(4) Total Hours	(5) RATE OF PAY	(6) GROSS AMOUNT EARNED	(7) Fringes: <input type="checkbox"/> Cash <input type="checkbox"/> Approved Plans <input type="checkbox"/> Cash/Appr Plans	(8) Hours All Jobs: (9) Gross All Jobs (10) Taxes Withheld (11) Other Deducts (12) Net Paid			
		TUE	WED	THU	FRI	SAT	SUN	MON								
		2/6	2/7	2/8	2/9	2/10	2/11	2/12								
BOB SMITH 1234 MAIN STREET ANYWHERE USA, CA 12345 987-55-1234 (555)555-1234	CARPENTER	HOURS WORKED EACH DAY														
		S	8.00	8.00	8.00	8.00			8.00	40.00	10.00	736.00	H&W	0.10	(8)	0.00
		O					8.00			8.00	15.00		(9)	1,200.00		
		D									20.00		(10)	186.09		
		T									30.00		(11)	0.00		
											(12)	1,013.91				

# Sample

For Hours Worked:  
 S=Straighttime O=Overtime  
 D=DoubleTime T=TripleTime  
 Form and Software by  
 PEM Software Systems, Ltd.  
 800-803-1315

My signature on this form signifies that I pay, or supervise the payment of the employees shown above. I am certifying: 1) That during the pay period reported on this form, all hours worked on this project have been paid at the appropriate prevailing wage rate for the class of work done. 2) That the fringe benefits have been paid as indicated above. 3) That 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 Ohio Revised Code Chapter 4115. 4) That apprentices are registered with the U.S. Department of Labor, Bureau of Apprenticeship and Training. The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution.

Date \_\_\_\_\_ Name & Title \_\_\_\_\_ Signature \_\_\_\_\_