



NAME (A) <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR	ADDRESS (B) 371 Canal Park Dr Albany, NY 08601	TAXPAYER ID or F.E.I.N. (C) 37-1371371
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PAYROLL NO. (D) 10	FOR WEEK ENDING (E) 5/5/2012	PROJECT AND LOCATION (F) Stable Work 2904 Albany, NY	SOLICITATION NUMBER (G) Sol. 12343	SCA CONTRACT NUMBER (H) PR001
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EMPLOYEE'S NAME, Address, City, State, Zip Social Security Number (1)	SEE LEGEND (1a) (1b)		LIST TRADE AND CLASSIFICATION (2)	TIME (3)	DAY AND DATE (4)							TOTAL HOURS (5)	RATE OF PAY PER HOUR (6)	SUPPLEMENTAL BENEFITS		PREMIUM PORTION OF O.T. & S.T. (9)	GROSS PAY (10)	FICA (11)	FED W/H TAX (12)	STATE W/H TAX (13)	OTHER DEDUCTIONS (14)	NET PAY (15)	CHECK NUMBER (16)
					Rate	PAID TO U/E/O (8)																	
					Sun	Mon	Tue	Wed	Thu	Fri	Sat												
Name: Hiko, Lee Address: 120 Jones St City: Springfield State: IL Zip: 62701 SSN: XXX-XX-9999	03b	M	Laborer A1	RT	4/29	4/30	5/1	5/2	5/3	5/4	5/5	40	22.00	\$12.00	\$480.00	\$44.00	\$880.00	\$12.00	\$110.00	\$40.00	\$14.00	\$704.00	1234
					OT	0	0	0	0	0	4	4	33.00	\$18.00	\$72.00								
					DT										\$0.00								
					U 12																		
Name: Lew, Matt Address: 84 Amburst Rd City: Springfield State: IL Zip: 62701 SSN: XXX-XX-2222	M	M	Operator J	RT	4/29	4/30	5/1	5/2	5/3	5/4	5/5	40	22.00	\$15.00	\$600.00	\$44.00	\$1188.00	\$21.00	\$150.00	\$52.00	\$23.00	\$942.00	12344
					OT	0	0	0	0	0	4	4	33.00	\$22.50	\$90.00								
					DT										\$0.00								
					E																		
Name: Ritz, Jes Address: 41 Cattail Lane City: Springfield State: IL Zip: 62701 SSN: XXX-XX-3333	01	F	Electrician	RT	4/29	4/30	5/1	5/2	5/3	5/4	5/5	4	20.00	\$10.00	\$40.00	\$20.00	\$1000.00	\$180.00	\$41.00	\$0.00	\$759.00	12346	
					OT										\$0.00								
					DT										\$0.00								
					O																		
Name: Wacki, Bill Address: 10 Wards Rd City: Springfield State: IL Zip: 62701 SSN: XXX-XX-4444	M	M	Laborer	RT	4/29	4/30	5/1	5/2	5/3	5/4	5/5	10	16.00	\$12.00	\$120.00	\$2.00	\$160.00	\$20.00	\$5.00	\$0.00	\$133.00	12347	
					OT										\$0.00								
					DT										\$0.00								
					U																		
WEEKLY TOTAL OF ALL PAGES (17)											102.00		\$88.00	\$3228.00	\$55.00	\$460.00	\$138.00	\$37.00	\$2538.00				

LEGEND

1a-ETHNICITY
 01 BLACK
 02a HISPANIC
 03a ASIAN-PACIFIC
 03b ASIAN-INDIAN
 04 NATIVE AMERICAN
 05 OTHER

1b-SEX
 M- MALE
 F- FEMALE

3-TIME
 RT-REGULAR TIME
 OT- OVERTIME
 DT - DOUBLE TIME

8-SUPPLEMENTAL BENEFITS
 U- IF PAID TO UNION (Enter Union Local Name & Number)
 E- IF PAID TO EMPLOYEE
 O- IF OTHER

I, John 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 9 day of May, 2012

Notary Public

 OFFICER'S SIGNATURE

 DATE

Commission Expires: