N	Department of Education CERTIFICATION OF PAYROLL (SEE INSTRUCTIONS ON BACK)											Page	Page 1 of 1 New York City School Construction Authority							tv				
NAME (A) SUBCONTRACTOR SUBCONTRACTOR					ADDRESS (B)										TAXPAYER ID or F.E.I.N. (C)									
Points North (CPW Sample Reports)				371 Canal Park Dr Albany, NY 08601										37-1371371										
PAYROLL NO. (D) FOR WEEK ENDING (E)			<u> </u>								SCA CC	SCA CONTRACT NUMBER (H)												
10 5/5/2012						Stable Work 2904 Albany, NY Sol. 12343									PR001									
			0/0/2012																	1				
							1	DAY /	AND DA	TE (4)	1	Sat	1	RATE	SUPPLEMENTAL BENEFITS		PREMIUM PORTION	GROSS	FICA	FED	STATE	OTHER	NET	CHECK
EMPLOYEE'S NAME,		,	SEE	LIST TRADE	TIME	Sun	Mon	Tue	Wed	Thu	Fri		TOTAL	PAY	RATE	PAID TO	OF	PAY	FICA	W/H	W/H	DEDUCTIONS	PAY	NUMBER
	Address, City, State, Zip		GEND	AND		L	4/00	<u> </u>					HOURS	PER	PER	U/E/O	O.T. & S.T.			TAX	TAX		IAI	
	Social Security Number			CLASSIFICATION		4/29	4/30	5/1	5/2	5/3	5/4	5/5	_	HOUR	HOUR									
	(1)		(1b)		(3)		Н	OURS WORKER		EACH DAY			(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Name:	Hiko, Lee			Laborer	RT	0	8	8	8	8	8	١,	40	22.00	\$12.00	\$480.00			l					
Address:	120 Jones St	1			"	ľ	ľ°	ľ°	°	ľ	°	0	40	22.00	φ12.00	ψ100.00								
City:	Springfield	03b	М	A1	ОТ	0	0	0	0	0	0	4	4	33.00	\$18.00	\$72.00	\$44.00	\$880.00	\$12.00	\$110.00	\$40.00	\$14.00	\$704.00	1234
State:	IL																							
Zip:	62701	1														\$0.00								
SSN:	XXX-XX-9999			Fri Makeup Day? Sat Makeup Day?	DT			1	L							φ0.00							l	
																U 12								
Name:	Lew, Matt			Operator			<u> </u>		1		8 0	0		<u> </u>	<u></u>	0000.00							\$942.00	
Address:	84 Amburst Rd			J	ОТ	0	8	0	8	8			40		\$15.00 \$22.50	\$600.00			\$21.00	\$150.00	\$52.00	\$23.00		
City:	Springfield		١.,				١.									† l		0 \$1188.00						
State:	IL		М			0	0		0	0		4				\$90.00	\$44.00							12344
Zip:	62701	1														†	,	,	*=:::-	•				
SSN:	XXX-XX-2222	1		Fri Makeup Day?	DT											\$0.00								
		1		Sat Makeup Day?		<u> </u>		<u> </u>	<u> </u>			<u> </u>	<u> </u>		<u> </u>	T _E					1		1	
Name:	Ritz, Jes			Electrician	† • • •						 		1		L	040.00								
Address:	41 Cattail Lane				RT	0	4	0	0	0	0	0	4	20.00	\$10.00	\$40.00								
City:	Springfield	١.,	_													1 0000								
State:	IL	01	-		ОТ											\$0.00		\$1000.00	\$20.00	\$180.00	\$41.00	\$0.00	\$759.00	12346
Zip:	62701	1														1 0000								
SSN:	XXX-XX-3333	1		Fri Makeup Day?	DT											\$0.00								
		1		Sat Makeup Day?	11:11:	11111							<u> </u>			0								
Name:	Wacki, Bill			Laborer						<u> </u>						1. 1					1			
Address:	10 Wards Rd				RT	0	8	2	0	0	0	0	10	16.00	\$12.00	\$120.00								
City:	Springfield	1						<u> </u>								†								
State:	IL		М	Fri Makeup Day?	OT DT	<u> </u>										\$0.00		\$160.00	\$2.00	\$20.00	\$5.00	\$0.00	\$133.00	12347
Zip:	62701															00.00								
SSN:	XXX-XX-4444															\$0.00								
		1		Sat Makeup Day?		1:::::	! :::::	<u> </u>	<u> </u>			<u> </u>	<u>.</u>		 	† U								
				· ·	<u>j</u>		<u> </u>		WEEK	LY TOTA	L OF A	L	100.00				\$00.00	#2000 00	\$55.00	£400.00	£100.00	ф2 7 00	#0500.00	
	LEGEN	D							PAGES	3 (17)			102.00				\$88.00	\$3228.00	φ35.00	\$460.00	\$138.00	\$37.00	\$2538.00	
1a-ETHNICIT	Y	3-TIM		NE.																				
11 BLACK RT-REGULAR TIME 12a HISPANIC OT- OVERTIME			John Smith									h	ereby certify that the			Subscribed and sworn to before me								
024 11101 711110			DT - DOUBLE TIME					information in this form represents wages and supplement								-		Capacined and Sworn to befole ine						
O3h ASIANINDIAN			NTAL DENEEITS	to all persons employed by my firm for construction wor										this9	day c	ofM	ay	,2012	_					
04 NATIVE AMERICAN			8-SUPPLEMENTAL BENEFITS U- IF PAID TO UNION (Enter Union Local Name & Number)					named herein during the period shown and that all information								n provided								
OF OTHER			E- IF PAID TO EMPLOYEE					on this form is complete and correct.										Notary Public						
1b-SEX		O- IF C	OTHER																					
M- MALE																								
F- FEMALE															5/9/	2012		Commission E	ynires.					
							OFFICE	R'S SIGN	ATURE				DAT	E				COMMINISSION E	vhiico.					