

NAME OF PRIME CONTRACTOR Points North (CPW Sample Reports)		<h1>PAYROLL REPORT</h1> <i>TO BE SUBMITTED WITH REQUISITION FOR PAYMENT</i>										AGENCY Contracting Agency Guild of America						
NAME OF CONTRACTOR/SUBCONTRACTOR		ADDRESS 371 Canal Park Dr Albany, NJ 08601						PHONE # 518 111 1111				PAYROLL # 1		TAX I.D. # 37-1371371				
CONTRACT REGISTRATION #		JOB CODE PR001			WEEK ENDING DATE 11/28/2010			PROJECT NAME & LOCATION Stable Work 2904 Albany, NY										
(1)	(2)	(3)	(4)						(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
NAME  ADDRESS  LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	LIST TRADE & CHECK CLASSIFICATION JOURNEYMAN APPRENTICE (NYS DOL REGISTERED) HELPER	T I M E	DAY AND DATE							TOTAL HOURS	BASE RATE OF PAY PER HOUR	TOTAL BASE PAY	SUPPLEMENTAL BENEFITS			GROSS PAY	TOTAL TAX & OTHER DEDUCTIONS	NET PAY
			Mon	Tue	Wed	Thu	Fri	Sat	Sun				RATE PER HOUR	PAID TO (Local # if Union is checked)	TOTAL BENEFITS PAID			
			11/22	11/23	11/24	11/25	11/26	11/27	11/28									
			HOURS WORKED EACH DAY															
Hiko, Lee 120 Jones St Albany, NY 12201 XXX-XX-9999	<input type="checkbox"/> J <input checked="" type="checkbox"/> A <input type="checkbox"/> H Laborer	RT  OT	6	0	0	0	0	0	0	6	22.00	\$132.00	\$0.00	U E O Local# 12	\$0.00	\$880.00	\$207.51	\$672.49
Lew, Matt 84 Amburst Rd Albany, NY 12201 XXX-XX-2222	<input checked="" type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> H Operator	RT  OT	8	8	8	8	8	0	0	40	22.00	\$951.50	\$0.00	U E O Local#	\$0.00	\$896.50	\$182.29	\$714.21
Ritz, Jes 41 Cattail Lane Albany, NY 12201 XXX-XX-3333	<input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> H Electrician	RT  OT	0	0	0	0	6	0	0	6	20.00	\$180.00	\$0.00	U E O Local#	\$0.00	\$800.00	\$196.41	\$603.59
Wacki, Bill 10 Wards Rd Albany, NY 12201 XXX-XX-4444	<input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> H Laborer	RT  OT	0	8	8	0	0	0	0	16	16.00	\$256.00	\$0.00	U E O Local#	\$0.00	\$384.00	\$88.21	\$295.79
	<input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> H	RT  OT												U E O Local#				
	<input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> H	RT  OT												U E O Local#				
	<input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> H	RT  OT												U E O Local#				

INSTRUCTIONS ON REVERSE SIDE

**FALSIFICATION OF THIS STATEMENT IS A PUNISHABLE OFFENSE**

This certified payroll has been prepared in accordance with the instructions contained on the reverse side of this form. I certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work on the above project during the period shown. **I understand that falsification of this statement is a punishable offense.**

_____ SIGNATURE	John Smith NAME (Print)	_____ Owner TITLE	February 14, 2011 DATE
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## Instructions for the Preparation and Submission of a Payroll Report

1. All persons who performed any on-site construction activity, during the period of the requisition, shall be listed on the Payroll Report.
2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

**4. PAYROLL REPORT HEADING:** The Payroll Report Heading shall require the following information:

**NAME OF PRIME CONTRACTOR:** Enter the name of the firm that has entered into the contract with the New York City government agency.

**NAME OF CONTRACTOR / SUBCONTRACTOR:** The legal name of the firm submitting the Payroll Report shall be placed immediately below this designation.

Circle either the word CONTRACTOR or SUBCONTRACTOR as applicable.

**ADDRESS:** Insert the current address (i.e., street, city, state and zip code) of the firm submitting the Payroll Report.

**PHONE NO.:** Enter the telephone number of the firm submitting the Payroll Report in the space provided.

**AGENCY:** Enter the name of the New York City government agency that has the contract with the Prime Contractor.

**PAYROLL NO.:** In the space provided, enter the Payroll Number of the Contractor or Subcontractor.

**CONTRACT REG. NO.:** Enter the Contract Registration Number here. This may be obtained from the "Notice of Award" and / or the "Order to Commence Work" letters.

**JOB CODE:** In the space provided, enter the Contractor/ Subcontractor's in-house labor distribution code or job number where applicable.

**WEEK ENDING DATE:** In the space provided, enter the last date of the pay-week (i.e., month, day, year).

**PROJECT NAME & LOCATION:** In this space, enter the Project Name and Location where contract work is being performed.

**TAX I.D. NO.:** Enter in this space the Federal Tax Identification Number of the firm submitting the Payroll Report.

**5. For every employee who performed any on-site construction activity during the period of the Payroll Report, the following information shall be provided:**

- 1) **NAME, ADDRESS, LAST FOUR DIGITS OF THE SOCIAL SECURITY NO.:** The legal name, current address and the last four digits of the social security number of each employee. (Employers must keep the full social security number on file for each of their covered workers.) If the employee has no social security number, please list his/her IRS Individual Taxpayer Identification Number and mark it "ITIN".
- 2) **LIST TRADE & CHECK WORK CLASSIFICATION:** Specify and insert the Trade applicable to the work performed by each employee. The Trade identified must be one listed on the Prevailing Wage & Supplemental Benefits Schedule of the Comptroller, i.e., Electrician, Laborer, etc. Check next to the letter J if the individual is a Journeyperson. Check next to the letter A if the person is a Registered Apprentice with the Department of Labor of the State of New York. Check next to the letter H only if the person is a Helper in a trade classification that has Helper rates listed in the Comptroller's Schedule of Prevailing Wages.
- 3) **TIME:** RT indicates Regular Time, and OT indicates Overtime.
- 4) **DAY AND DATE:** Below this heading, in the first row, enter the appropriate sequence of the contractor's pay records. MTWTFSS, for example, is the sequence to use if the workweek ends on a Sunday, and SSMTWTF is the sequence if the workweek ends on a Friday. In the second row, below each letter representing the day of the workweek, insert the corresponding date. Below the heading HOURS WORKED EACH DAY, at the intersection of the column of the particular day and date and the horizontal row of the employee's name, insert the hours worked each day in the appropriate box either for RT (Regular Time) and / or OT (Overtime). If an employee worked Shift Time, the RT (Regular Time) row shall be used and adjusted accordingly.
- 5) **TOTAL HOURS:** Add the hours worked for Regular and / or Shift Time with the hours worked for Overtime, and enter separate totals in this column.
- 6) **BASE RATE OF PAY PER HOUR:** Specify the actual base rate of pay per hour paid to the employee. Do not include supplemental benefits in this amount.
- 7) **TOTAL BASE PAY:** Total amount earned by the employee, not including benefits.

**SUPPLEMENTAL BENEFITS:**

- 8) **RATE PER HOUR:** Amount of supplemental benefits paid / provided per hour.
- 9) **PAID TO:** Place a check mark in the appropriate box: U for Union if benefits paid to a Union, E for Employee if benefits paid in cash (or check) directly to the Employee, or O for Other, if benefits are otherwise paid / provided to the employee. If U is checked, you must insert the "Local" number of the union in that box.
- 10) **TOTAL BENEFITS PAID:** Total amount of supplemental benefits paid / provided for the workweek to the employee.
- 11) **GROSS PAY:** Total amount earned for workweek: This amount comprises the Total Base Pay plus any benefit paid in cash (or check) directly to the employee [i.e., column (7) + column (9) E if Box E is checked and payment made directly to employee]. No other type of benefit should be included in this column's total.
- 12) **TOTAL TAX AND OTHER DEDUCTIONS:** Enter the sum total of all deductions in this column (including FICA, Federal, State and City Taxes, etc.). This does not absolve you from maintaining appropriate tax and other records required by law).
- 13) **NET PAY:** Total amount of pay after all deductions (i.e., the actual Take-Home Pay).