

The information below must be submitted to the NJEDA pursuant to N.J.A.C. 19:30-3.5- 9, and N.J.A.C. 19:30-4.4

SEND COMPLETED FORMS TO:

NJEDA
Gateway One - Suite 900 - Internal Process Management
Newark, NJ 07102

CONTRACTOR INFORMATION

Construction Manager ☐ Contractor ☒ Subcontractor ☐

NAME: ABC Contractors
ADDRESS: 210 Lakeview Road
CITY/ST/ZIP: Sometown, NJ 99999
PHONE: (555) 555-5555
EMAIL: (555) 555-5555

PROJECT INFORMATION

NJEDA PROJECT NUMBER 54-67-89
PROJECT NAME AND Sample project for demonstration only
LOCATION: 900 Spring Ridge Drive Sometown, NJ 99999
MUNICIPALITY: Enter municipality here
COUNTY: Some County

PAYROLL WEEK ENDING DATE: 07/10/2011

Name Address City, State, Zip	Trade	OT or ST	PLEASE SPECIFY DAY AND DATE							Total Hours	Hourly Rate of Pay	Gross Pay for this Project Only	FICA	With- holding Tax	State Tax	Local Tax	Other Tax	Other Ded.	Total Deductions	NET PAY	Total Fringe Benefit Cost/Hr.
			07/04	07/05	07/06	07/07	07/08	07/09	07/10												
			Mo	Tu	We	Th	Fr	Sa	Su												
Jane Doe 71 Pineapple Lane Sometown, NJ 99999	Pipe Fitter	O	0	0	0	0	0	0	0	0	27.00	432.00	40.68	95.38	13.37	0.00	9.72	0.00	159.15	560.85	10.50
		S	0	8	8	8	0	0	0	24	18.00										
John Doe P.O. Box 999 Sometown, NJ 99999	Sheetmetal Worker	O	0	0	0	0	0	0	0	0	30.00	480.00	45.20	115.38	17.17	0.00	7.40	0.00	185.15	614.85	10.50
		S	0	8	8	8	0	0	0	24	20.00										
John Q. Public 2300 Arena Avenue Sometown, NJ 99999	Truck Driver	O	0	0	0	0	0	0	0	0	33.00	528.00	49.72	71.52	14.91	0.00	8.14	0.00	144.29	735.71	10.50
		S	0	8	8	8	0	0	0	24	22.00										
John Smith 36 Mimosa Lane Sometown, NJ 99999	Laborer	O	0	0	0	0	0	0	0	0	21.00	336.00	31.64	59.10	8.89	0.00	5.18	0.00	104.81	455.19	10.50
		S	0	8	8	8	0	0	0	24	14.00										
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Date 07/22/2011I, Cory Smith, President
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by

ABC Contractors on the building or work
(Contractor or Subcontractor) (Building or Work); that during the payroll period commencing on the 04day of July, 2011 and ending the 10 day of July, 2011,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

ABC Contractors from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

Enter permissible deductions here

Enter permissible deductions here

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship training in the United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒
- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to the appropriate programs for the benefit of such employees, except as noted in Section (4) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒
- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) FRINGE BENEFITS

EXCEPTION (CRAFT)	EXPLANATION
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here

REMARKS

This is a sample project for demonstration purposes only

PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 10 ON THE REVERSE SIDE *

- | | |
|---------------------------------|------------------------------------|
| 1) Medical or Hospital Coverage | Fill in any benefits provided..... |
| 2) Dental Coverage | Fill in any benefits provided..... |
| 3) Pension or Retirement | Fill in any benefits provided..... |
| 4) Vacation, Holidays | Fill in any benefits provided..... |
| 5) Sick Days | Fill in any benefits provided..... |
| 6) Life Insurance | Fill in any benefits provided..... |
| 7) Other (Explain) | Local #999 |

* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE

(5) N.J.A.C. 19:30-3.5-9 and 4.4 The contractors shall submit to the NJEDA a certified payroll record each pay period.

NAME AND TITLE	SIGNATURE
Cory Smith President	
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A.34:1B-1 et seq., AND P.L. 1963, c. 150-N.J.S.A.34:11-56.25 et seq. and provided by Sections 11 through 16, inclusive, of P.L. 1963, c. 150 -N.J.S.A.34:11-56.35 - 34:11-56.40	