

# Certified Payroll Report

Ohio School Facilities Commission

7200A

<b>Report for:</b>		<input type="checkbox"/> Check if Subcontractor	<b>Contract No.</b>	<b>Payroll No.</b>
<b>Company</b>	ABC Contractors	<b>Contractor Name</b>	54-67-89	1
<b>Address</b>	210 Lakeview Road	<b>Project Name &amp; Location</b>	<b>Week Ending</b>	
<b>City, State, Zip</b>	Sometown, OH 99999	<b>Public Authority (Owner)</b>	06/30/2007	
<b>Phone No.</b>	(555) 555-5555	Public Authority	Sample project for demonstration only 900 Spring Ridge Dr. Sometown, OH 99999	<b>Sheet</b>
				1 of 1

Employee Name, Address, Social Security Number	Work Class	Race/ Sex	Hours Worked - Day & Date								Total Hours	Base Rate	Fringes: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Approved Plans						Deductions			
													<input type="checkbox"/> Cash & Approved Plans									
													Fringes Rate Per Hour						With. Tax	FICA	Other Ded.	Net Pay
			Su	Mo	Tu	We	Th	Fr	Sa	H&W			Pens	Vac	App	Oth	Total					
			06/24	06/25	06/26	06/27	06/28	06/29	06/30													
Jane Doe 71 Pineapple Lane Sometown, OH 99999	Pipe Fitter	01/F	OT	0	0	0	0	0	0	0	27.00	1.00	1.50	2.00	1.00	5.00	10.50	161.94	55.08	0.00	502.98	
			ST	0	8	8	8	0	0	0	24											18.00
John Doe P.O. Box 999 Sometown, OH 99999	Sheetmetal Worker	05/M	OT	0	0	0	0	0	0	0	30.00	1.00	1.50	2.00	1.00	5.00	10.50	189.86	61.20	0.00	548.94	
			ST	0	8	8	8	0	0	0	24											20.00
John Q. Public 2300 Arena Avenue Sometown, OH 99999	Truck Driver	05/M	OT	0	0	0	0	0	0	0	33.00	1.00	1.50	2.00	1.00	5.00	10.50	102.36	67.32	0.00	710.32	
			ST	0	8	8	8	0	0	0	24											22.00
John Smith 36 Mimosa Lane Sometown, OH 99999	Laborer	04/M	OT	0	0	0	0	0	0	0	21.00	1.00	1.50	2.00	1.00	5.00	10.50	77.06	42.84	0.00	440.10	
			ST	0	8	8	8	0	0	0	24											14.00
			OT																			
			ST																			
			OT																			
			ST																			

By signing below, I certify that: 1) I pay, or supervise the payment of the employees shown above; (2) during the pay period reported on this form, all hours worked on this project have been paid the appropriate wage rate indicated; (3) the fringe benefits have been paid as indicated above; and (4) 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 ORC Chapter 4115. I understand that the willful falsification of any of the above statements may subject the Contractor or Subcontractor to civil or criminal prosecution.

Type or Print Name and Title Cory Smith President Signature \_\_\_\_\_ Date 07/03/2007

\*If Subcontractor, provide Contractor name in space provided.

\*Attach additional sheets if necessary

\*Type in continuous line, text will wrap.