Each employer must maintain one weekly certified payroll report for each project, contract or building on which it performs work subject to the requirements of New York State Labor Law Articles Eight or Nine, Real Property Tax Law Section 421-a and New York City Administrative Code Sections 6-109 and 19-142. All workers subject to prevailing wage, living wage or minimum average hourly wage requirements employed by the named employer on the project, contract or building during the week indicated must be listed on the certified payroll report.

FOR ALL EMPLOYERS – HEADING AND SIGNATURE LINE:
Employer: Enter the name, office address, email address, office telephone number, and federal employer identification number of the company that employs the workers identified on the certified payroll report.
Payroll #: Enter the employer's sequential number for this weekly certified payroll report—beginning with "1" for the employer's first weekly certified payroll report on the project, contract or building indicated.
Week Ending Date: Enter the date on which the employer's workweek ended, for payroll purposes, which must match the last date in field #4.
Signature Line: The certified payroll report must be signed and affirmed to be true under penalties of perjury by an officer or principal of the named employer. Enter the printed name, title and signature of the officer or principal of the company with the date at the bottom of the form.

FOR PUBLIC CONTRACTS:
Name of Prime Contractor or Building Owner or Utility: Enter the name of the company that has executed the contract with the New York City government agency or public authority.
Contract Registration Number: Enter the New York City contract registration number (begins with the year) or the public authority contract number.
Agency: Enter the name of the New York City government agency or public authority that executed the contrac
Agency PIN #: Enter the New York City government agency PIN# from the contract proposal, if applicable.
Project Name: Enter the descriptive name of the project or contract. If it is a project labor agreeement, Check the PLA Box.
Project or Building Address: Enter the street address of the location where the work was performed during the workweek indicated, or enter "various locations" if more than one location for the workweek.

FOR RPTL 421-a TAX EXEMPT PROPERTIES:
Name of Prime Contractor or Building Owner or Utility: Enter the name of the current property owner of the building indicated. For owner-occupied condominiums, enter "Board of Managers" and the name of the condominium.
Contract Registration Number: Enter the NYC Department of Housing Preservation and Development docket number (begins with TEO).
Agency: Enter "HPD."
Agency PIN #: Enter "421-a."
Project Name: Enter "421-a."
Project or Building Address: Enter the street address of the building where the work was performed during the workweek indicated.

FOR UTILITY STREET EXCAVATIONS:
Name of Prime Contractor or Building Owner or Utility: Enter the name of the utility company contracting for the excavation work.
Contract Registration Number: Enter the NYC Department of Transportation street opening permit number.
Agency: Enter "DOT."
Agency PIN #: Enter "19-142."
Project Name: Enter "19-142."

Project or Building Address: Enter the street names of the nearest intersection to where the excavation work was performed during the workweek indicated, or enter "various locations" if more than one location for the workweek.

FOR ALL EMPLOYERS, BY FIELD NUMBER:
   1) **WORKER NAME, ADDRESS, LAST FOUR DIGITS OF SSN:** Enter the legal name, current address and the last four digits of the social security number or individual taxpayer identification number for all workers that performed work on the project, contract or building during the workweek indicated. If there are more than seven workers, use another certified payroll report form for the rest. Employers must keep the full social security number or individual taxpayer identification number on file for each of their workers.
   2) **TRADE CLASSIFICATION, UNION LOCAL #, JOURNEYPERSON OR APPRENTICE:** Enter the trade classification that is applicable to the work performed by the worker during the workweek indicated. If the worker is subject to prevailing wage requirements, enter the trade classification and specific title from the Comptroller's prevailing wage schedule, e.g. Electrician "A," Electrician "M" or Electrician – Alarm Technician. If the employer is signatory to a collective bargaining agreement or project labor agreement,

enter the local number of the labor union for each worker, e.g. "Local 1010." Check next to the letter J if the worker is a Journeyperson. Check next to the letter A if the worker is a registered apprentice with a program approved by the New York State Department of Labor.

3) **TIME**: ST indicates straight time, and OT indicates overtime.

4) **THIS PROJECT, CONTRACT OR BUILDING:** In this section, enter the hours worked and wages paid to each worker only for the project, contract or building indicated.

Day and Date: Below this heading in the first row, enter the days of the week in the sequence of the employer's workweek for payroll purposes, e.g. "MTWTFSS" if the workweek ends on a Sunday, "SSMTWTF" if the workweek ends on a Friday. In the second row, below each letter representing the day of the workweek, insert the corresponding date.

Hours Worked Each Day: Below this heading, at the intersection of the column of the particular day and date and the horizontal row of the worker's name, enter the hours worked each day in the appropriate box either for ST (straight time) and / or OT (overtime). If an employee worked shift time, the ST (straight time) row must be used and adjusted accordingly.

5) **TOTAL HOURS:** Add the hours worked for straight and / or shift time with the hours worked for overtime, and enter separate totals in this column.

6) **HOURLY RATE OF PAY:** Enter the actual hourly rate of pay for each worker. This amount must include all wage supplements paid directly to the worker to satisfy any prevailing or other benefit requirement.

7) **GROSS PAY (THIS PROJECT):** Enter the total gross amount earned by each worker only on the project, contract or building indicated (column (5) multiplied by column (6)). This amount must include all wage supplements paid directly to the worker to satisfy any prevailing or other benefit requirement.

8) **ALL WORK (PUBLIC AND PRIVATE):**

Total Gross Pay (All Work): In this section, enter the total gross amount paid to each worker by the named employer for all work performed in the workweek indicated, whether public or private work, including but not limited to the project, contract or building indicated. This amount must include all wage supplements paid directly to the worker to satisfy any prevailing or other benefit requirement.

Withholdings & Deductions: Enter the total of all withholdings and deductions from each worker's gross pay for federal, state and local income tax, medicare and social security and any other deductions taken from the worker's pay (e.g. union dues, health insurance premium contributions).

Net Pay: Enter the net pay amount which the worker actually receives for all work performed for the named employer in the workweek indicated.

BONA FIDE FRINGE BENEFITS: This section is for use only by employers that provide bona fide fringe benefits to the workers indicated. For workers subject to Minimum Average Hourly Wage (RPTL Section 421-a (16)(c)) requirements only, this includes costs for "employee benefits" such as medicare and social security. The hourly cost of all fringe benefits must be annualized, unless the employer provides an hourly contribution for each hour of work on the project, contract or building indicated to an individual account for the worker. To calculate the annualized hourly cost, divide the employer's total projected annual cost for all fringe benefits provided to that worker by the total projected annual hours of all work—public and private—performed by that worker for the employer.

9) **Hourly Contribution to Benefit Fund or Account:** If the employer provides hourly contributions to benefit funds or individual accounts for each hour of work on the project, contract or building indicated, use this section to enter the employer's total hourly contribution for all fringe benefits provided to that worker. If an employer only provides hourly contributions to benefit funds or individual accounts, there is no need to fill out the next three boxes in field 10.

10) **All Other Bona Fide Fringe Benefits:** If the employer does not provide hourly contributions to benefit funds or individual accounts, use this section. Enter the total projected annual cost to the employer—not including any deductions from the worker's pay—for all fringe benefits provided to the worker in the first box. The projected annual cost for a worker may be calculated by multiplying a recurring monthly cost for that worker by 12. For paid vacation or sick leave, the projected annual cost may be calculated by multiplying the total annual hours of paid leave provided to each worker by the worker's hourly pay rate. Enter the total projected annual hours of all work—public and private—performed by that worker for the employer in the second box. The total projected annual hours of work for a worker may be calculated by multiplying that worker's regular weekly hours by 52. The total projected annual hours for full-time employees that regularly work 40 hours per week is 2,080. The total projected annual hours for full-time employees that regularly work 35 hours per week is 1,820. Enter the annualized hourly fringe benefit rate for the worker in the third box. The annualized hourly fringe benefit rate is calculated by dividing the employer projected annual cost in the first box by the employee projected annual hours in the second box. The employer may have to perform an annual reconciliation of fringe benefits provided to a worker, if the worker's actual hours exceed the projected hours.