

EMPLOYER NAME	<b>CERTIFIED PAYROLL REPORT</b>	CHECK IF PROJECT LABOR AGREEMENT (PLA) <input type="checkbox"/>	PAYROLL #	WEEK ENDING DATE
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EMPLOYER ADDRESS	EMPLOYER EMAIL ADDRESS	EMPLOYER PHONE #	EMPLOYER TAX I.D. #	PROJECT NAME
NAME OF PRIME CONTRACTOR, BUILDING OWNER OR UTILITY	CONTRACT REGISTRATION #	AGENCY	AGENCY PIN #	PROJECT OR BUILDING ADDRESS

(1) WORKER NAME ADDRESS LAST FOUR DIGITS OF SSN	(2) TRADE CLASSIFICATION UNION LOCAL # JOURNEYPERSON OR APPRENTICE (NYS DOL REGISTERED)	(3) T I M E	(4) THIS PROJECT, CONTRACT OR BUILDING					(5) ALL WORK (PUBLIC AND PRIVATE)								
			(4) DAY AND DATE					(6) TOTAL HOURS	(7) HOURLY RATE OF PAY	(7) GROSS PAY (THIS PROJECT)	(8) WAGES			(9) BONA FIDE FRINGE BENEFITS		
			HOURS WORKED EACH DAY								(8) TOTAL GROSS PAY (ALL WORK)	(8) WITHHOLDINGS & DEDUCTIONS	(8) NET PAY	(9) HOURLY CONTRIBUTIONS TO BENEFIT FUNDS OR INDIVIDUAL ACCOUNTS	ALL OTHER BONA FIDE FRINGE BENEFITS	
															(9) EMPLOYER PROJECTED ANNUAL COST	(9) EMPLOYEE PROJECTED ANNUAL HOURS
	J <input type="checkbox"/> A <input type="checkbox"/>	S T														
	J <input type="checkbox"/> A <input type="checkbox"/>	S T														
	J <input type="checkbox"/> A <input type="checkbox"/>	S T														
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**FALSIFICATION OF THIS STATEMENT IS A PUNISHABLE OFFENSE**

This certified payroll report has been prepared in accordance with the instructions for this form. I certify that the above information represents the hours worked by, wages paid to and bona fide fringe benefits provided to all of the workers employed by the above named employer on this project, contract or building during the period shown. I understand that falsification of this statement is a punishable offense.

OFFICER OR PRINCIPAL OF EMPLOYER (Print Name)	TITLE	SIGNATURE	DATE

