			THE C	ITY OF N	EW YOR	RK •	OFFICE	OF THE C	OMPTROLLER	BUREAU OI	F LABOR	RLAW					
EMPLOYER NAME				CERTIFIED PAYROLL RI						EPORT		CHECK IF PROJECT LABOR AGREEEMENT (PLA)		PAYROLL#		WEEK ENDING DATE	
EMPLOYER ADDRESS			EMPLOY	EMPLOYER EMAIL ADDRESS				EMPLOYER PHONE #		EMPLOYER TAX I.D. #		PROJECT NAME		1			
NAME OF PRIME CONTRACTOR, BUILDING OWNER OR UTILITY			CONTRA	CONTRACT REGISTRATION #				AGENCY		AGENCY PIN # PROJECT OR BUILDING AD		R BUILDING ADD	PRESS				
(1)	(2)	(2)		(4)		1	(5)	(6)	(7)		(8)			(0)		(10)	
(1)	(2)	(3)	Т	THIS PROJECT, CONTRACT OR						ALL WORK (PUBLIC AND PRIVATE)							
WORKER NAME ADDRESS LAST FOUR DIGITS OF SSN	TRADE CLASSIFICATION UNION LOCAL #		DAY AND DATE					T		WAG					BONA FIDE FRINGE BENEFITS		
		Ţ					1		I						ALL OTHER BONA FIDE FRINGE BENEFITS		
	JOURNEYPERSON OR APPRENTICE	M E					TOTAL HOURS	HOURLY RATE OF PAY	GROSS PAY (THIS PROJECT)	(ALL WORK)	WITHHOLDINGS & DEDUCTIONS		NET PAY	HOURLY CONTRIBUTIONS TO BENEFIT FUNDS OR INDIVIDUAL ACCOUNTS	EMPLOYER PROJECTED		ANNUALIZED HOURLY RATE
	(NYS DOL REGISTERED)		HOURS W	ORKED EACH	I DAY										ANNUAL COST		HOURETTOATE
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This certified payroll report has b	peen prepared in accordance	e with the instru	uctions for th	is form. I ce					NT IS A PUNISHA		o and bon	na fide fring	e benefits pro	vided to all of the	workers employ	red by the above	e named

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.

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