| Name of $\square$ Contractor or $\square$ Subcontractor | Business Address |  |  |
| :--- | :--- | :--- | :--- |
| F.E.I.N. | Date Wages Due <br> \& Paid | Week Ending Date <br> or $\square$ Final Certification |  |
| Payroll No. |  |  |  |

Project Name
Contract I.D. or Project I.D
Contractor Registration \#
or Final Certification

| 1. | 2. Work |  | 3. Demographics |  |  |  | 4. Day and Date |  |  |  |  |  |  | 5. | $\begin{gathered} 6 . \\ \text { Hourly } \\ \text { Rate } \\ \text { of Pay } \\ \hline \end{gathered}$ | 7. <br> Gross Amt. Earned |  | 8. Deductions |  |  |  |  |  | $\begin{gathered} 9 . \\ \text { Net } \\ \begin{array}{c} \text { Wages } \\ \text { Paid for } \\ \text { Week } \end{array} \end{gathered}$ | 10. <br> Total <br> Frine <br> Benefit <br> CostHour |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Job Title | Work Classification/ | $\begin{gathered} \text { Sex } \\ \begin{array}{c} M=\text { =ale } \\ F=\text { Female } \\ N=\text { Non-Binary } \end{array} \\ \hline \end{gathered}$ | $\begin{aligned} & \hline \text { Race } \\ & \begin{array}{l} \text { See } \\ \text { Key } \end{array} \\ & \hline \end{aligned}$ | $\begin{array}{\|c} \begin{array}{c} \text { Etthnicity } \\ H=H \text { Hispanic } \\ N=\text { Non- } \\ \text { Hispanaic } \end{array} \\ \hline \end{array}$ |  | su | мо | TU | WE | т ${ }^{\text {H }}$ | FR | SA | $\begin{aligned} & \text { Total } \\ & \text { Hours } \end{aligned}$ |  |  |  |  |  |  |  |  |  |  |  |
| Employee Name and Address | e.g., apprentice, journeyman, foreman | Occupational Category <br> e.g., carpenter, mason, plumber |  |  |  |  | Hours worked each day |  |  |  |  |  |  |  |  | $\begin{gathered} \text { This } \\ \text { Project } \end{gathered}$ | $\begin{gathered} \text { This } \\ \text { Week } \end{gathered}$ | FICA | ${ }_{\text {cederal }}^{\substack{\text { Federax } \\ \text { Tax }}}$ | State <br> Tax | Other | (specify) | $\begin{array}{\|c} \text { Total } \\ \text { Deductions } \end{array}$ |  |  |
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## I, the undersigned, do hereby state and certify:

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

## Contractor or Subcontractor)

on the
(Project Name \& Location)
hat during the payroll period beginning on (date) ____, and ending on (date) ___ all persons employed on said proje 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 the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made eithe 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.
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage mitted 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 with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.
(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.
(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) at right.
(5) N.J.S.A. 12:60-2.1 and 5.1-The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name
Title
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.

- N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked) To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title,
Program Title, Classification
or Individual Workers



Other Benefit Type and Amount Name \& Address of Fringe Benefit USDOL Benefit Plan Third-Party Trustee . training long-term disability or life ins.) Fund, Plan, or Program Administrator Filing Number/EIN \&/or Contract Person

