

PAYROLL
 (For Contractor's Optional Use; See Instruction, Form WH-347 Inst.)

NAME OF CONTRACTOR ____ OR SUBCONTRACTOR ____ Federal Employer I.D. No. _____					ADDRESS																	
PAYROLL NO.			FOR WEEK ENDING				PROJECT & LOCATION				CONTRACT NO.											
(1) NAME, ADDRESS, AND CODED SOCIAL SECURITY NUMBER (e.g., xxx-xx-1234) OF EMPLOYEE	(2) NO. OF EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) PROJECT GROSS					(8) DEDUCTIONS	(9) NET WAGES PAID FOR WEEK			
				HOURS WORKED EACH DAY									(7) WEEKLY GROSS									
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STATEMENT OF COMPLIANCE

Date _____

I, _____, _____
 (Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by _____
 (Name of Contractor or Subcontractor)

on the _____
 (Name and Location of Project)

that during the payroll period commencing on the _____ day of _____, 20____ and ending on the _____ day of _____ 20____, all persons employed on said project 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 said _____
 (Name of Contractor or Subcontractor)

from the full weekly wages earned by any person; and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Article 6, Section 193 of the New York State Labor Law, and described below:

(2) That any payrolls otherwise under this contract required to be submitted 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/she performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(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 as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(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) below.

(c) EXCEPTIONS

EXCEPTIONS (CRAFT)	
Remarks	
Name and Title	Signature

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution.