

**WEEKLY PAYROLL REPORT FORM
THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF CAPITAL ASSET MANAGEMENT**

DCAM Project No. 77

Project Name Stable Work 2904

Project Location Boston

Name of General Contractor General Contracting Co.

Check here if this is the final report

Name of Contractor Filing Report Points North (CPW Sample Reports) Address 371 Canal Park Dr

Week Ending 12/24/2011

Report No. 104

Date Work Began 1/1/2010

Date Work Completed

EMPLOYEE NAME AND ADDRESS	WORK CLASSIFICATION	HOURS WORKED							(A) TOT. HRS.	(B) HOURLY BASE WAGE	EMPLOYER CONTRIBUTIONS			(F) HOURLY TOTAL WAGE (PREV WAGE)	(G) WEEKLY TOTAL AMOUNT	
		12/18	12/19	12/20	12/21	12/22	12/23	12/24			(C) HEALTH & WELFARE	(D) PEN-SION	(E) SUPP. UNEMP.			
		Sun	Mon	Tue	Wed	Thu	Fri	Sat								
Hiko, Lee 120 Jones St Boston, MA 02108	Laborer	O														
		S	6	0	0	0	0	0	0	6	22.00	\$0.00	\$0.00	\$0.00	\$22.00	\$132.00
Lew, Matt 84 Amburst Rd Boston, MA 02108	Operator	O	0	0.5	0	0	0	0	0	0.5	44.00	\$0.00	\$0.00	\$0.00	\$44.00	\$22.00
		S	0	8	0	0	0	0	0	8	22.00	\$0.00	\$0.00	\$0.00	\$22.00	\$176.00
Ritz, Jes 41 Cattail Lane Boston, MA 02108	Electrician	O	0	2	0	0	0	0	0	2	30.00	\$0.00	\$0.00	\$0.00	\$30.00	\$60.00
		S	0	6	0	0	0	0	0	6	20.00	\$0.00	\$0.00	\$0.00	\$20.00	\$120.00
Wacki, Bill 10 Wards Rd Boston, MA 02108	Laborer	O														
		S	0	8	8	0	0	0	0	16	16.00	\$0.00	\$0.00	\$0.00	\$16.00	\$256.00
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NOTE: Every contractor and subcontractor is required to submit a copy of their weekly payroll records to DCAM.

The undersigned certifies under the pains & penalties of perjury that the above provided and attached information is a true and accurate record of each person employed on the project and the hours worked and wages paid to each such employee, including payments to the referenced benefits.

Authorized signature _____ Print Name John Smith Print Title Owner

Mail to: Division of Capital Asset Management
Compliance Office
One Ashburton Place, 15th Floor
Boston, MA 02108