

PRIME CONTRACTOR SUBCONTRACTOR PAYROLL NO. 1

Business Name (DBA): Points North (CPW Sample Reports) Phone: 503 111 1111 CCB Registration Number: 12181787

Project Name: Stable Work 2904 Project Number: 2904 Type of Work:

Street Address: 371 Canal Park Dr Salem, OR 97302 Project Location: Salem, OR

Mailing Address: 371 Canal Park Dr Salem, OR 97302 Project County: Grant

Date Pay Period Began: 11/21/2010 Date Pay Period Ended: 11/28/2010

THIS SECTION FOR PRIME CONTRACTORS ONLY **THIS SECTION FOR SUBCONTRACTORS ONLY**

Public Contracting Agency Name: Subcontract Amount:
 Phone: Prime Contractor Business Name (DBA):
 Date Contract Specifications First Advertised for Bid: Prime Contractor Phone:
 Contract Amount: Prime Contractor's CCB Registration Number:
 Date You Began Work on the Project:

(1) NAME, ADDRESS AND EMPLOYEE'S IDENTIFICATION NUMBER	(2) CLASSIFICATION (INCLUDE GROUP # AND APPRENTICESHIP STEP IF APPLICABLE)		(3) DAY AND DATE							(4) TOTAL HOURS	(5) HOURLY BASE RATE	(6) HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	(7) GROSS AMOUNT EARNED (see directions)	(8) ITEMIZED DEDUCTIONS FICA, FED, STATE, ETC.	(9) NET WAGES PAID	(10) HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	(11) NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM
			Mon	Tue	Wed	Thu	Fri	Sat	Sun								
			11/22	11/23	11/24	11/25	11/26	11/27	11/28								
Hiko, Lee XXX-XX-9999	Laborer A1	OT									\$2.50	\$132.00 \$880.00	\$67.32 FICA \$111.47 Fed \$27.02 State \$1.70 Total	\$672.49	\$2.50 \$0.00 \$0.00 \$0.00	CASH PTO HEALTH OTHER	
		ST	6	0	0	0	0	0	0	6							22.00
Lew, Matt XXX-XX-2222	Operator J	OT	0	0	0	0	0.5	0	0	0.5	\$2.00	\$951.50 \$896.50	\$68.58 FICA \$84.47 Fed \$27.52 State \$1.72 Total	\$714.21	\$2.00 \$0.00 \$0.00 \$0.00	CASH PTO HEALTH OTHER	
		ST	8	8	8	8	8	0	0	40							22.00
Ritz, Jes XXX-XX-3333	Electrician	OT	0	0	0	0	2	0	0	2	\$1.75	\$180.00 \$800.00	\$61.20 FICA \$109.01 Fed \$24.56 State \$1.64 Total	\$603.59	\$1.75 \$0.00 \$0.00 \$0.00	CASH PTO HEALTH OTHER	
		ST	0	0	0	0	6	0	0	6							20.00
Wacki, Bill XXX-XX-4444	Laborer	OT									\$3.15	\$256.00 \$384.00	\$29.38 FICA \$34.21 Fed \$11.79 State \$12.83 Total	\$295.79	\$3.15 \$0.00 \$0.00 \$0.00	CASH PTO HEALTH OTHER	
		ST	0	8	8	0	0	0	0	16							16.00
		OT															
		ST															

*Although this form has not been officially approved by the U.S. Department of Labor, it is designed to meet the requirements of both the state PWR law and the federal Davis-Bacon Act.

CERTIFIED STATEMENT

Date: 5/16/2011

I, John Smith, Owner
 (NAME OF SIGNATORY PARTY) (TITLE)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:
Points North (CPW Sample Reports)
 (CONTRACTOR, SUBCONTRACTOR OR SURETY)

on the Stable Work 2904; that during the payroll period
 (BUILDING OR WORK)

commencing on the 22 day of November, 2010, and ending the 28 day
 (MONTH) (YEAR)

of November, 2010, all persons employed on said project have been paid the
 (MONTH) (YEAR)

full weekly wages earned, that no rebates have been or will be made either directly or
 indirectly to or on behalf of said Points North (CPW Sample Reports)
 (CONTRACTOR, SUBCONTRACTOR OR SURETY)

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 specified in ORS 652.610, and as defined in Regulations, Part
 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as
 amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), 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 workers 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 worker
 conform with work 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.

I HAVE READ THIS CERTIFIED STATEMENT, KNOW THE CONTENTS THEREOF
 AND IT IS TRUE TO MY KNOWLEDGE:

John Smith Owner
 (NAME AND TITLE)

5/16/2011
 (SIGNATURE AND DATE)

**In addition to completing sections (1) - (3), if your project is subject to the federal
 Davis-Bacon Act requirements, complete the following section as well:**

(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:

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
John Smith	Owner

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY
 SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL
 PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31
 OF THE UNITED STATES CODE.

**FILE THIS FORM WITH THE PUBLIC AGENCY ASSOCIATED WITH THE PROJECT
 NOTE TO CONTRACTORS: YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT.
 INSTRUCTIONS AND ADDITIONAL FORMS ARE AVAILABLE ON OUR WEBSITE: WWW.OREGON.GOV/BOLI.**