

## **On-Site Payroll Report Information**

Turner CCIP Stable Work 2904

Form-3		(Numbers reference attached Instructions)										
1. PAYI	ROLL REP	ORT INF	ORMATI	ON								
Period Beginning:				1.1 12/1	od Ending: 3/7			Year: 2011				
Contractor:				Points North (CPW Sample Reports)								
Under Contract with:				1.5 Sample								
TSIB Contract # (as identified in				1.6								
previous TSIB correspondence):				001								
2. PAYROLL REPORT ACTIVITY												
a	b Workers'		C		d		e			f		
State	Compensation Class Code		Work Description		Man	-Hours	Gross Payroll **		:	Reportable Payroll *		
2.1				No Work								
						2.2		2.3		2.4		
* Use straight tir	me wage rai	tes only - I	Do not incl	ude premium (excess) ove	TOTALS:	States of F	Pennsylvania N	Nevada IItah	Delaware	Ohio an	d other ann	licable
Workers' Compe	nsation mo	nopolistic S	States requ	uire the entire unburdened								iicabic
** Includes overt	·	<u> </u>		verify the information	presented abo	ve and att	achments ar	e correct:				
Nome				_	Date:			- /- /				
Name:		John Doe (please print)			Date: 3/7/2012							
Title					Signature:							
_			Mana		_							
<del></del>				DRT. COMPLETE A TSIB FO be submitted on-line								ur TSIR
				to obtain a User ID ar	•	. 02771041	<u> </u>		<u>011171L</u> . 1		Januar yo	

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## **NOTES:**

- 1) YOU MUST COMPLETE A SEPARATE REPORT FORM FOR EACH CONTRACT AWARDED ON THE PROJECT
- 2) A MNTHLY PAYROLL REPORT MUST BE SUBMITTED FOR EACH MONTH INCLUDING "ZERO DOLLAR (\$0.00) PAYROLL", IF APPLICABLE, UNTIL COMPLETION OF THE WORK UNDER EACH CONTRACT.
- 3) ALL PAYROLLS MUST BE SUBMITTED NO LATER THAN THE 10<sup>TH</sup> OF THE MONTH FOLLOWING THE WORK PERFORMED

Email to: Turner Surety And Insurance Brokerage

Email: WrapUp@tsibinc.com

Contractor

Portal: <u>HTTP://TSIB.VUEWRAPUP.COM/CONTRACTORPORTAL</u>