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|---|--|---|
| NAME (A) <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR<br>Points North (CPW Sample Reports) | ADDRESS (B)<br>371 Canal Park Dr<br>Albany, NY 08601 | TAXPAYER ID or F.E.I.N. (C)<br>37-1371371 |
|---|--|---|

|                       |                                 |   |                                       |                                  |
|-----------------------|---------------------------------|---|---------------------------------------|----------------------------------|
| PAYROLL NO. (D)<br>10 | FOR WEEK ENDING (E)<br>5/5/2012 | PROJECT AND LOCATION (F)<br>Stable Work 2904 Albany, NY | SOLICITATION NUMBER (G)<br>Sol. 12343 | SCA CONTRACT NUMBER (H)<br>PR001 |
|-----------------------|---------------------------------|---|---------------------------------------|----------------------------------|

| EMPLOYEE'S NAME,<br>Address, City, State, Zip<br>Social Security Number<br>(1)                                  | SEE LEGEND<br>(1a) (1b) |   | LIST TRADE AND CLASSIFICATION<br>(2) | TIME<br>(3) | DAY AND DATE (4) |      |     |     |     |     |                                       | TOTAL HOURS<br>(5) | RATE OF PAY PER HOUR<br>(6) | SUPPLEMENTAL BENEFITS |               | PREMIUM PORTION OF O.T. & S.T.<br>(9) | GROSS PAY<br>(10) | FICA<br>(11) | FED W/H TAX<br>(12) | STATE W/H TAX<br>(13) | OTHER DEDUCTIONS<br>(14) | NET PAY<br>(15) | CHECK NUMBER<br>(16) |
|---|-------------------------|---|--------------------------------------|-------------|------------------|------|-----|-----|-----|-----|---------------------------------------|--------------------|-----------------------------|-----------------------|---------------|---------------------------------------|-------------------|--------------|---------------------|-----------------------|--------------------------|-----------------|----------------------|
|   |                         |   |                                      |             | Sun              | Mon  | Tue | Wed | Thu | Fri | Sat                                   |                    |                             | RATE PER HOUR         | PAID TO U/E/O |                                       |                   |              |                     |                       |                          |                 |                      |
|   |                         |   |                                      |             | 4/29             | 4/30 | 5/1 | 5/2 | 5/3 | 5/4 | 5/5                                   |                    |                             | HOURS WORKED EACH DAY |               |                                       |                   |              |                     |                       |                          |                 |                      |
| Name: Hiko, Lee<br>Address: 120 Jones St<br>City: Springfield<br>State: IL<br>Zip: 62701<br>SSN: XXX-XX-9999    | 03b                     | M | Laborer<br><br>A1                    | RT          | 0                | 8    | 8   | 8   | 8   | 8   | 0                                     | 40                 | 22.00                       | \$12.00               | \$480.00      | \$44.00                               | \$880.00          | \$12.00      | \$110.00            | \$40.00               | \$14.00                  | \$704.00        | 1234                 |
|   |                         |   |                                      | OT          | 0                | 0    | 0   | 0   | 0   | 0   | 4                                     | 4                  | 33.00                       | \$18.00               | \$72.00       |                                       |                   |              |                     |                       |                          |                 |                      |
|   |                         |   |                                      | DT          |                  |      |     |     |     |     |                                       |                    |                             |                       | \$0.00        |                                       |                   |              |                     |                       |                          |                 |                      |
|   |                         |   |                                      |             |                  |      |     |     |     |     |                                       |                    |                             |                       | U             |                                       |                   |              |                     |                       |                          |                 |                      |
| Name: Lew, Matt<br>Address: 84 Amburst Rd<br>City: Springfield<br>State: IL<br>Zip: 62701<br>SSN: XXX-XX-2222   |                         | M | Operator<br><br>J                    | RT          | 0                | 8    | 8   | 8   | 8   | 8   | 0                                     | 40                 | 22.00                       | \$15.00               | \$600.00      | \$44.00                               | \$1188.00         | \$21.00      | \$150.00            | \$52.00               | \$23.00                  | \$942.00        | 12344                |
|   |                         |   |                                      | OT          | 0                | 0    | 0   | 0   | 0   | 0   | 4                                     | 4                  | 33.00                       | \$22.50               | \$90.00       |                                       |                   |              |                     |                       |                          |                 |                      |
|   |                         |   |                                      | DT          |                  |      |     |     |     |     |                                       |                    |                             |                       | \$0.00        |                                       |                   |              |                     |                       |                          |                 |                      |
|   |                         |   |                                      |             |                  |      |     |     |     |     |                                       |                    |                             |                       | E             |                                       |                   |              |                     |                       |                          |                 |                      |
| Name: Ritz, Jes<br>Address: 41 Cattail Lane<br>City: Springfield<br>State: IL<br>Zip: 62701<br>SSN: XXX-XX-3333 | 01                      | F | Electrician                          | RT          | 0                | 4    | 0   | 0   | 0   | 0   | 0                                     | 4                  | 20.00                       | \$10.00               | \$40.00       |                                       | \$1000.00         | \$20.00      | \$180.00            | \$41.00               | \$0.00                   | \$759.00        | 12346                |
|   |                         |   |                                      | OT          |                  |      |     |     |     |     |                                       |                    |                             |                       | \$0.00        |                                       |                   |              |                     |                       |                          |                 |                      |
|   |                         |   |                                      | DT          |                  |      |     |     |     |     |                                       |                    |                             |                       | \$0.00        |                                       |                   |              |                     |                       |                          |                 |                      |
|   |                         |   |                                      |             |                  |      |     |     |     |     |                                       |                    |                             |                       | O             |                                       |                   |              |                     |                       |                          |                 |                      |
| Name: Wacki, Bill<br>Address: 10 Wards Rd<br>City: Springfield<br>State: IL<br>Zip: 62701<br>SSN: XXX-XX-4444   |                         | M | Laborer                              | RT          | 0                | 8    | 2   | 0   | 0   | 0   | 0                                     | 10                 | 16.00                       | \$12.00               | \$120.00      |                                       | \$160.00          | \$2.00       | \$20.00             | \$5.00                | \$0.00                   | \$133.00        | 12347                |
|   |                         |   |                                      | OT          |                  |      |     |     |     |     |                                       |                    |                             |                       | \$0.00        |                                       |                   |              |                     |                       |                          |                 |                      |
|   |                         |   |                                      | DT          |                  |      |     |     |     |     |                                       |                    |                             |                       | \$0.00        |                                       |                   |              |                     |                       |                          |                 |                      |
|   |                         |   |                                      |             |                  |      |     |     |     |     |                                       |                    |                             |                       | U             |                                       |                   |              |                     |                       |                          |                 |                      |
|   |                         |   |                                      |             |                  |      |     |     |     |     | <b>WEEKLY TOTAL OF ALL PAGES (17)</b> |                    | 102.00                      |                       | \$88.00       | \$3228.00                             | \$55.00           | \$460.00     | \$138.00            | \$37.00               | \$2538.00                |                 |                      |

**LEGEND**

**1a-ETHNICITY**

01 BLACK  
 02a HISPANIC  
 03a ASIAN-PACIFIC  
 03b ASIAN-INDIAN  
 04 NATIVE AMERICAN  
 05 OTHER

**1b-SEX**

M- MALE  
 F- FEMALE

**3-TIME**

RT-REGULAR TIME  
 OT- OVERTIME  
 DT - DOUBLE TIME

**8-SUPPLEMENTAL BENEFITS**

U- IF PAID TO UNION (Enter Union Local Name & Number)  
 E- IF PAID TO EMPLOYEE  
 O- IF OTHER

I, John Smith hereby certify that the information in this form represents wages and supplemental benefits paid to all persons employed by my firm for construction work on the project named herein during the period shown and that all information provided on this form is complete and correct.

**Subscribed and sworn to before me**  
 this 9 day of May, 2012

Notary Public

Commission Expires:

\_\_\_\_\_  
 OFFICER'S SIGNATURE

\_\_\_\_\_  
 DATE