THE CITY OF NEW YORK OFFICE OF THE COMPTROLLER DIVISION OF LABOR LAW

PAYROLL REPORT

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(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

DEPT. OF DESIGN AND CONSTRUCTION

CONTRACT REG. No. DOB CODE	NAME OF CONTRACTOR/SUBCONTRACTOR				ADDRESS										PHC	PHONE No.		PAYROLL No.	
NAME. A CRICLE WORK ADDRESS. SOCIAL SECURITY No. APPRENTICE HELPER RT OT RT RT OT RT RT OT RT R	CONTRACT REG. No.	JOB CODE	WEEK ENDING - DATE	PROJEC	T NAME &	LOCATION											TAX I.D. I	No.	
ADDRESS CLASSIF TIME		<u> </u>		(3)	(4)	D	AY AND D	ATE					SUPP		ITS	(11)	(12)	(13)	
RT	ADD	RESS,	CLASSIF: JOURNEYPERSON APPRENTICE	TIME		HOURS	S WORKET	EACH DAY	,		RATE OF PAY PER	BASE	RATE PER	PAID TO (10) (Local # if Union is F			& OTHER	PAY	
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FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

I hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown.

I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE NAME (Print)

payroll

DATE

TITLE