PAYROLL REPORT NAME OF CONTRACTOR OR SUBCONTRACTOR Points North (CPW Sample Reports)			Delaware Department of Labor Division of Industrial Affairs 225 Corporate Boulevard Suite 104 Newark, DE 19702 302-451-3423							ADDRESS: 371 Canal Park Dr Dover, DE 19901 PHONE: 111 111 1111									
PROJECT AND LOCATION										DATE OF PREVAILING WAGE DETERMINATION USED ON THIS PROJECT:									
Stable Work 2904 Dover, DE			11/28/2010 PR001 DAY & DATE & HOURS WORKED EACH DAY							DEDUCTIONS									
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	WORK CLASSIFICATION		11/22	11/23		11/25					URS & GROSS			DEDUCTIONS				NET	HOURLY VALUE
			M	T	W	T	F	S	S	HOURS	RATE	AMOUNT FICA	FICA	FWT	SWT	LOCAL TAX	SDI	WAGES	OF FRINGES
Hiko, Lee 120 Jones St Dover, DE 19901 XXX-XX-9999	Laborer	S	6	0	0	0	0	0	0	6	22.00	\$132.00	\$67.32	\$111.47	\$27.02	\$0.00	\$0.00	\$672.49	
		О																	
Lew, Matt 84 Amburst Rd Dover, DE 19901 XXX-XX-2222	Operator	S	8	8	8	8	8	0	0	40	22.00	\$951.50 \$68.58	\$68.58	68.58 \$84.47	\$27.52	\$0.00	\$0.00	\$714.21	\$0.00
		О	0	0	0	0 0	1.5 0.5	0 0	0 0	1.5 0.5	33.00 44.00			V =1.10=	,			,,,,,	
Ritz, Jes 41 Cattail Lane Dover, DE 19901	Electrician	S	0	0	0	0	6	0	0	6	20.00	\$180.00 \$61.20	\$61.20	\$109.01 \$	\$24.56	\$0.00	\$0.00	\$603.59	59 \$0.00
XXX-XX-3333 3.		О	0	0	0	0	2	0	0	2	30.00								
Wacki, Bill 10 Wards Rd Dover, DE 19901	Laborer	S	0	8	8	0	0	0	0	16	16.00	\$256.00	\$29.38	29.38 \$34.21	\$11.79	\$0.00	\$0.00	\$295.79	\$0.00
4. XXX-XX-4444		О																	
		S																	
5.		О																	
		S																	
6.		О																	
		S																	
7.	_	О																	
		S																	
8.		О																	

DATE	2/14/2011									
	I John Smith	Owner	List only the	ose fringe	benefits:					
	(Name of signatory party)	(Title)		or which t				orevailing v	vage rate	
	do hereby state:		,	v men navv	occii usc	u 10 01150	t the run p	revailing v	vage rate.	
1.	That I pay or supervise the payment of p Points North (CPW San	(See Delaware Prevailing Wage Regulations for explanation of how how benefits is the be computed.)								
	(Contractor or Subcontractor)									
	Stable Wo	HOURLY COST OF BENEFITS (List in same order shown on front of record								
	(public project)		<u> </u>	0 1				1		
	that during the payroll period commencing	ng on the 22 day of	Employee	Cash	PTO	Health	Pension	Training	Travel	
			1. 9999	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		and ending on the 28 day of	2. 2222	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		ll persons employed on said project	3. 3333	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	have been paid the full weekly wages ear either directly or indirectly to or on beha weekly wages earned by any person and	4. 4444	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
		earned by any person, other than permissible	5.							
2.	That any payrolls otherwise under this co	ontract required to be submitted for the above	6.							
	period are correct and complete; that the therein are not less than applicable wage	7.								
	incorporated into the contract; that the cl mechanic conform with the work perform	8.								
3.	apprenticeship program registered with a Bureau of Apprenticeship and Training,	ove period are duly registered in a bona fide state apprenticeship agency recognized by the United States Department of Labor, and that the es does not exceed the ratio permitted by the	I hereby cer knowledge the State of	and belief.	I realize					

An employer who fails to submit sworn payroll information to the Department of Labor weekly shall be subject to fines of \$1,000 and \$5,000 for each violation.

prevailing wage regulations of the State of Delaware.

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Dental Sick Other \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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Signature
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OUNTY OF
WORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC,
HIS, A.D. 20
Notary Public