## Wage and Hour Record:

ontractor's Name	Points North (CPW Sample Reports)			Address	371 Canal Park Dr Orla	Orlando, FL 32872			
ayroll Number:	104	For Week Ending	12/24/2011	Contract #	PR001	Project and Location	Stable Work 2904		
				=					

												FIN#				J					
(1) Employee Name					(4)	Da	ay a	nd [	Date		(5) Total	(6) Pay Rate	(7) Project			(8)	Deduction	ons		(9) Net Wages	(10) Total from
and 4 Digit Identifier (9 digit SS and full address			<u> </u>	2/18	12/19	12/20	12/21	12/22	12/23	12/24	Hours	1	Gross / Weekly	FICA	With- holding	State Tax	Medicare	Total from Deduction	Total	Paid for	Fringe Benefit
required on contracts Let prior to 1/19/09)	(2) Exemptions / Race & Gender	(3) Work Classif- ication	Stright / Over Tim	Sun	Mon	Tue	Wed	Thu	Fri	Sat			Gross		tax			Sheet (attached)	Deductions	week	Sheet (attached)
Hiko, Lee	3	Laborer	0										\$132.00	\$67.32	<b>6444 47</b>	\$27.02	¢0.00	<b>\$0.00</b>	\$207.51	\$672.49	\$10.50
XXX-XX-9999	Asian Male		s	6	0	0	0	0	0	0	6	22.00	\$880.00	\$67.32	\$111.47	\$27.02	\$0.00	\$0.00	\$207.51	φ072.49	\$10.50
Lew, Matt	1	Operator	0	0	1.5 0.5	0	0	0	0	0	1.5 0.5	33.00 44.00	\$247.50					•			
XXX-XX-2222	White Male		s	0	8	0	0	0	0	0	8	22.00	\$896.50	\$68.58	\$84.47	\$27.52	\$0.00	\$0.00	\$182.29	\$714.21	\$20.00
Ritz, Jes	5	Electrician	0	0	2	0	0	0	0	0	2	30.00	\$180.00							4000.50	<b>.</b>
XXX-XX-3333	Black Female		s	0	6	0	0	0	0	0	6	20.00	\$800.00	\$61.20	\$109.01	\$24.56	\$0.00	\$0.00	\$196.41	\$603.59	\$25.20
Wacki, Bill	3	Laborer	0										\$256.00			<b></b>		*	<b>4</b>	4005.70	
XXX-XX-4444	White Male		s	0	8	8	0	0	0	0	16	16.00	\$384.00	\$29.38	\$34.21	\$11.79	\$0.00	\$0.00	\$88.21	\$295.79	\$40.00
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### **Deductions Record:**

Contractor's Name	Points North (CP	W Sample Reports)	Address	371 Canal Park Dr Orlando, FL 32872	
Payroll Number:	104	For Week Ending	12/24/2011	Contr	act # PR001
•		FIN#		Project and Location Stable Wo	rk 2904

		Type a Deduction description in each box and then record the amount of that Deduction for each employee (or leave blank).									
Employee Name (last, first)	SDI	Local Tax	Vacation	Health & Welfare	SUI	Head Tax	Garnish- ments	Union Dues	401K	Pension	Total Deductions Amount
Hiko, Lee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Lew, Matt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ritz, Jes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wacki, Bill	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

# Fringe Benefits Record:

Contractor's Name	Points North (CPW Sample Reports)		Address	371 Canal Park Dr Orlando, FL 32872	
		г		1	
Payroll Number:	104	For Week Ending	12/24/2011		Contract # PR001
		FIN#		Project and Location	Stable Work 2904

Type a Fringe Benefit description in each box and then record the amount of that Fringe for each employee (or leave blank).

Employee Name (last, first)	Cash	Vacation/ Holiday	Health & Welfare	Pension	Training	Travel	Dental	Sick	Supp Benefits Rate	Supp Unemp Insurance	Total Fringe Benefit Amount
Hiko, Lee	\$10.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.50
Lew, Matt	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00
Ritz, Jes	\$25.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.20
Wacki, Bill	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.00

#### STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

## **WAGE AND HOUR RECORD**

# **Statement of Compliance:**

DATE	3/7/2012						
1	John Smith			Owner			
l, .	John Smith (Name of signatory party)			Owner (Title)			
do hereby stat				(Tide)			
•	<ul><li>(1) That I pay or supervise the payment of</li></ul>	the persons e	mploved by				
	(1)		,,				
Poir	nts North (CPW Sample Reports)	on the		Stable Work 2904			
	Contractor or Subcontractor)	-		(Building or work)			
that during the	payroll period commencing on the	18	day of	December			
and ending the	e <u>24</u> day of	Dec	ember	all persons employed			
on said project	t have been paid the full weekly wages ear	ned, that no re	ebates have	been or will			
be made eithe	r directly or indirectly to or on behalf of said	d					
1	Points North (CPW Sample Rep	orts)		from the full weekly			
	(Contractor or Subcontractor	.)					
wages earned	by any person and that no deductions have	e been made	either direct	ly or indirectly from the			
full wages ear	ned by any person, other than permissible	deductions as	defined in F	Regulations, Part 3			
(29 CFR Subti	tle A), issued by the Secretary of Labor un	der the Copela	and Act, as	amended			
(48 Stat. 948,	63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40	U.S.C. 3145)	), and descri	bed below:			
	(2) That any payrolls otherwise under this	contract requi	ired to be su	bmitted for the above			
period are con	rect and complete; that the wage rates for	laborers or me	echanics cor	tained therein are not			
less than the a	applicable wage rates contained in any wag	ge determinati	on incorpora	ited into the contract;			
that the classif	that the classifications set forth therein for each laborer or mechanic conform with the work he performed.						
	ilications set forth therein for each laborer of	or mechanic co	onionni with t	he work he performed.			
	(3) That any apprentices employed in the			•			
apprenticeship		above period	are duly reg	istered in a bona fide			
	(3) That any apprentices employed in the	above period eship agency	are duly reg recognized	istered in a bona fide by the Bureau of			
Apprenticeship	(3) That any apprentices employed in the program registered with a State apprentic	above period ceship agency of Labor, or if r	are duly reg recognized no such reco	istered in a bona fide by the Bureau of ognized agency exists			
Apprenticeship in a State, are	(3) That any apprentices employed in the program registered with a State apprentice and Training, United States Department (	above period ceship agency of Labor, or if r	are duly reg recognized no such reco	istered in a bona fide by the Bureau of ognized agency exists			
Apprenticeship in a State, are	(3) That any apprentices employed in the program registered with a State apprentic and Training, United States Department of registered with the Bureau of Apprentices!	above period ceship agency of Labor, or if i hip and Trainir	are duly reg recognized no such recong, United S	istered in a bona fide by the Bureau of ognized agency exists tates Department of Labor.			
Apprenticeship in a State, are	<ul> <li>(3) That any apprentices employed in the program registered with a State apprentice and Training, United States Department or registered with the Bureau of Apprenticest</li> <li>(4) That:</li> </ul>	above period ceship agency of Labor, or if i hip and Trainir	are duly reg recognized no such recong, United S	istered in a bona fide by the Bureau of ognized agency exists tates Department of Labor. S, FUNDS OR PROGRAMS			
Apprenticeship in a State, are	(3) That any apprentices employed in the program registered with a State apprentice and Training, United States Department or registered with the Bureau of Apprenticesl (4) That:  (a) WHERE FRINGE BENEFITS ARE PA	above period ceship agency of Labor, or if it hip and Trainin ID TO APPRO by wage rates	are duly reg recognized no such recong, United S DVED PLAN paid to each	istered in a bona fide by the Bureau of ognized agency exists tates Department of Labor.  S, FUNDS OR PROGRAMS I laborer or mechanic listed			
Apprenticeship in a State, are	(3) That any apprentices employed in the program registered with a State apprentice and Training, United States Department or registered with the Bureau of Apprentices!  (4) That:  (a) WHERE FRINGE BENEFITS ARE PA  In addition to the basic hour in the above referenced pay	above period ceship agency of Labor, or if in hip and Trainin ID TO APPRO by wage rates rroll, payments	are duly reg recognized no such recong, United S DVED PLAN paid to each s of fringe be	istered in a bona fide by the Bureau of ognized agency exists tates Department of Labor.  S, FUNDS OR PROGRAMS I laborer or mechanic listed enefits as listed in the			
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Apprenticeship in a State, are	(3) That any apprentices employed in the program registered with a State apprentice and Training, United States Department or registered with the Bureau of Apprentices!  (4) That:  (a) WHERE FRINGE BENEFITS ARE PA  In addition to the basic hour in the above referenced pay contract have been or will be such employees, except as	above period ceship agency of Labor, or if in hip and Trainin ID TO APPRO by wage rates wroll, payments a made to appnoted in Secti	are duly reg recognized no such reco ng, United S OVED PLAN paid to each s of fringe be propriate pro	istered in a bona fide by the Bureau of ognized agency exists tates Department of Labor.  S, FUNDS OR PROGRAMS a laborer or mechanic listed enefits as listed in the grams for the benefit of			
Apprenticeship in a State, are	(3) That any apprentices employed in the program registered with a State apprentice and Training, United States Department or registered with the Bureau of Apprentices!  (4) That:  (a) WHERE FRINGE BENEFITS ARE PA  In addition to the basic hour in the above referenced pay contract have been or will be such employees, except as  (b) WHERE FRINGE BENEFITS ARE PA	above period seship agency of Labor, or if I hip and Trainin ID TO APPRO by wage rates would be pay made to approted in Section ID IN CASH	are duly reg recognized no such reco ng, United S DVED PLAN paid to each s of fringe be propriate pro on 4(c) belo	istered in a bona fide by the Bureau of ognized agency exists tates Department of Labor.  S, FUNDS OR PROGRAMS a laborer or mechanic listed enefits as listed in the grams for the benefit of w.			
Apprenticeship in a State, are	(3) That any apprentices employed in the program registered with a State apprentice and Training, United States Department of registered with the Bureau of Apprentices!  (4) That:  (a) WHERE FRINGE BENEFITS ARE PA  In addition to the basic hour in the above referenced pay contract have been or will be such employees, except as  (b) WHERE FRINGE BENEFITS ARE PA  Each laborer or mechanic list	above period seship agency of Labor, or if I hip and Trainin IID TO APPRO by wage rates would be made to approted in Section IID IN CASH sted in the above the send of the section in the above the sted in the sted in the above the sted in the sted in the above the sted in the sted	are duly reg recognized no such reco ng, United S DVED PLAN paid to each s of fringe be propriate pro on 4(c) belo	istered in a bona fide by the Bureau of ognized agency exists tates Department of Labor.  S, FUNDS OR PROGRAMS a laborer or mechanic listed enefits as listed in the grams for the benefit of w.  ed payroll has been			
Apprenticeship in a State, are	(3) That any apprentices employed in the program registered with a State apprentice and Training, United States Department or registered with the Bureau of Apprentices!  (4) That:  (a) WHERE FRINGE BENEFITS ARE PA  In addition to the basic hour in the above referenced pay contract have been or will be such employees, except as  (b) WHERE FRINGE BENEFITS ARE PA	above period seship agency of Labor, or if I hip and Trainin IID TO APPRO Ity wage rates would pay made to approted in Section IID IN CASH sted in the about of the sted in a mount of the sted in a mount of the sted in the about of the sted in the sted in the about of the sted in the sted in the about of the sted in the sted in the sted in the sted in the about of the sted in the sted i	are duly reg recognized no such recong, United S  OVED PLAN paid to each s of fringe be propriate pro on 4(c) belo ove reference int not less the second of	istered in a bona fide by the Bureau of ognized agency exists tates Department of Labor.  S, FUNDS OR PROGRAMS a laborer or mechanic listed enefits as listed in the grams for the benefit of w.  ed payroll has been han the sum of the			

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EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	

NAME AND TITLE	SIGNATURE
John Smith Owner	
OWIG	

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.