CERTIFIED PAYROLL REPORT

DAGS.ECP v1.0_06/10

STATE OF HAWAII DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

Public Works Division

Name is of: Contractor:

× Subcontractor:

REPORT SUBMISSION DATE:	6/27/2011
-------------------------	-----------

THIS IS AN AMENDED FORM PAYMENTS MADE ON SAME DAY TO ALL EMPLOYEES

NAME: Points North (CPW Sample Reports)																												
PAYROLI	L NO.	FOR WEEK ENDING					PROJECT AND LOCATION								PROJECT NO. VE		NDOR CODE	l										
48	;		11/27/20)10					Stable Work 2904-Honolulu, HI								2904											
		NGS					DA	Y AND D				ss																
NAME, NO ADD	DRESS, AND	HOLD SY						1	1	S	М	Т	W	TH	F	S	- P			L			TOTAL DE	DUCTIONS			'	
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER OF		NO. OF WITHOLDINGS EXEMPTIONS	WORK	OR ST.	11/21	RATE OF AMOUNT		FED. WITH-			OTHER	TOTAL	NET WAGES PAID															
EMPLO'		ΖŴ	CLASSIFICATION Laborer	U S	6	0 HC	OURS W	ORKED	EACH D	DAY 0	0	Ĕ 6	PAY 22.00	EARNE 13	D 2.00	FICA 867.32	HOLDING TAX \$111.47	HOLDING TAX \$27.02	MEDICARE \$0.00	DEDUC. \$1.70	DEDUCT \$207.51	FOR WEEK	EMPLOYEE					
Hiko, L	_ee	3	Laborer	0 0	0	0	0	0	0						2.00			· ····		· · · · ·		\$672.49	i I					
XXX-XX-	-9999		L	т	6	<u> </u>	<u> </u>		<u> </u>	 	<u> </u>	6		13	2.00							L						
////////	-5555			·	·							<u> </u>																
Lew, M	Natt	1	Operator	S	8	8	8	8	8	0	0	40	22.00	88	80.00	\$68.68	\$84.47	\$27.52	\$0.00	\$1.72	\$182.39	\$769.11						
				0		\vdash	\vdash	 '	1.5 0.5	<u> </u>	\vdash	1.5 0.5	33.00 44.00		2.00													
XXX-XX-	-2222			Т	8	8	8	8	10			42	J	95	51.50													
Ritz, Jes Electrician S 0 0 6 0 6 20.00 120.00 \$61.20 \$109.01 \$24.56 \$0.00 \$1.64 \$196.41																												
Ritz, J	Jes	5	Electrician	s O	0	0	0	0	6 2	0	0	2	30.00	12 60.00	20.00	φ01.20	\$109.01	φ24.00	φυ.υσ	\$1.64	φ190.4 i	\$603.59	i I					
XXX-XX-	0000		L	T			├──	┢───┘	- 8		├──	8			30.00								L					
~~~~~	-3333			<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	1		<u> </u>	I	1	L														
Wacki,	Bill	3	Laborer	s O	0	8	8	0	0	0	0	16	16.00	25	56.00	\$29.38	\$34.21	\$11.79	\$0.00	\$12.83	\$88.21	\$295.79						
XXX-XX-			L	т	┢──┤	8	8	<u>├</u> ──'				16		25	56.00													
~~~~	-4444			<u> </u>		L	<u> </u>	<u> </u>				1	1	I														
				S																								
				0		F	F	['	F	F	F																	
				Т		<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>	J															
			1	<u> </u>	т —	r	т —	T	T	T	T	T	1	I	<u> </u>			1	r 1	r 1		T						
				S O	┟───┘	├──	┣──	 '	├──	┣──	┣──	╂────						i			·	. I						
			۱ ــــــــــــــــــــــــــــــــــــ	T	+	<u> </u>	┼──	┟───┘	├──	╂───	┼──	┨────			—							[]	L					
				<u> </u>	<u> </u>	<u>.</u>	I	L	<u> </u>			1	1	1														
				S	T	[Ι	Γ	[Ι	Ι	<u> </u>										1						
				0																								
				Т			Γ				L		_															

STATEMENT OF COMPLIANCE

(Certification Under Penalty of Perjury)

Date: 6/27/2011 at: Stable Work 2904

I, John Smith

do certify under penalty of perjury:

1) That all of the information in this report is true and correct.

2) That I pay or supervise the payment of the persons employed by Points North (CPW Sample Reports)

on the

Stable Work 2904 for all work in performance of our contract during the duration of the project;

that all persons employed on said project will be paid the full weekly wages earned; that no rebates have been or will be made either directly or indirectly from the full wages earned by any person, other than permissible deductions, as described below:

FICA(Social Security), Medicare, Federal Income Taxes, State Income Taxes, State Disability (SDI), Court-ordered Wage Attachments.

3) That any payrolls otherwise under this contract required to be submitted are correct and complete; that the wage rate for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

4) That any apprentices employed on the above project are duly registered in a bona fide apprenticeship program registered with, or recognized by, a state apprenticeship agency.

5) That:

e f g h a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to the appropriate programs for the benefit of such employees.

Following is a breakdown of the HOURLY fringe benefit contributions:

	Classification	Pension/Annuity	Health & Welfare	Vacation/Holiday	Training	Total OTHER *	<u>Total Fringes / hr</u>
а	Electrician	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b	Laborer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
С	Operator	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
d							
е							
f							
g							
h							
*	Classification	CASH	Travel	Dental	Sick	LifeIns	Total OTHER
а	Electrician	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b	Laborer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
С	Operator	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
d							

h) Remarks

b) Remarks	
Trade/Craft Classification	Explanation

I reaffirm the intent of our company to comply with the requirements of HRS chapter 104, and all applicable federal and State laws during performance of the contract.

Note: If using an ELECTRONIC signature, then the initial submittal must contain both the INKED and ELECTRONIC signatures. Subsequent weeks need only contain the ELECTRONIC one.

Name John Smith Title Owner Image: Comparison of the system of the system

Signature and Date - ELECTRONIC