WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

X Contractor or	Subco	ontracto	r (Please che	ck one))	AL	L IN	FOR	MAT	ION	MU	JST B	E COMPLE	ETED				
CONTRACTOR	Poin	ts North ((CPW Sample	e Reports	s)		SUB	CON'	ΓRAC	TOR								
ADDRESS 371 Canal Park Dr Philadelphia, PA 19101					ADDRESS								Labor & industrY					
				PROJ	ECT	AND	LOCATION Stable Work 2				rk 290)4	Philade	Philadelphia, PA		BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS		
10			12	ECT	SERL	AL# 1234567890				390		PROJECT #	PR001		HARRISBURG, PA 17120 1-800-932-0665			
		APPR.	Won	**			DAY AND DATE					S-	BASE HOURLY	BENEFILS DEI		TOTAL	GROSS PAY FOR	CHECK #
EMPLOYEE NAME		DATE	WORK CLASSIFICATION		Sun 4/29	Mon 4/30		Thu 5/3	Fri 5/4	Sat 5/5	TIME							
					4/23			RKED			3/3	0- TIME	RATE	(C=Cash) (FB=Contributions)*			PREVAILING RATE JOB(S)	
Hiko, Lee 120 Jones St Springfield, IL 62701					0	8	8	8	8	8	0	40		C: \$0.00				
		0	Laborer			O							22.00	Ç. \$6.00		\$176.00	\$1012.00 1234	1234
					0	0	0	0	0	0	4	4		FB: \$30.00				
Lew, Matt 84 Amburst Rd Springfield, IL 62701			Operator		0	8	8	8	8	8	0	40	22.00	C: \$0.00		\$246.00		
		0			0	0	0	0	0	0	4	4					\$1012.00	12344
						O					-	-		FB: \$30.00				
Ritz, Jes 41 Cattail Lane Springfield, IL 62701			Electrician		0	4	0	0	0	0	0	4	20.00	C: \$0.00				
		0													\$241.00	\$80.00	12346	
														FB: \$150.00				
Wacki, Bill 10 Wards Rd Springfield, IL 62701			Laborer		0	8	2	0	0	0	0	10	16.00	C: \$0.00				
		0													\$27.00	\$160.00	12347	
									FB: \$30.00									
														C:				
														FB:				
11.0.0F PEV.40.00 (P4)											*SEI	E REVI	ERSE SIDE	PAGE NUMBER	?	1 OF	2	

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THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Ple	ase sp	becify the type of benefits provided and co	ontributions per hour:								
1)	Med	ical or hospital care_\$5.00 - \$20.00									
		ion or retirement \$5.00 - \$30.00									
3)	Life	insurance \$5.00 - \$40.00									
4)		bility _\$5.00 - \$50.00									
5)	Vaca	tion, holiday _\$5.00 - \$10.00									
6)	Othe	er (please specify)\$0.00 - \$5.00									
		CERTIFIED S	STATEMENT OF CO	OMPLIANCE							
1.	The	undersigned, having executed a contract	with								
				AGENCY, CONTRACTOR OR SUBCONT							
	(a)	The prevailing wage requirements and t		ove-identified project, acknows are included in the aforesaid							
	(b)	Correction of any infractions of the afor	resaid conditions is the	contractor's or subcontractor	r's responsibility.						
	(c)	It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.									
2.	The (a)	undersigned certifies that: Neither he nor his firm, nor any firm, comby the Secretary of Labor and Industry 15, 1961, P.L. 987 as amended, 43 P.S.§	pursuant to Section 11								
	(b)	No part of this contract has been or will corporation or partnership in which such statute.									
3.	The	undersigned certifies that:									
	(a)	the legal name and the business address of the contractor or subcontractor are: Points North (CPW Sample Reports) 371 Canal Park Dr Philadelphia, PA 19101									
	(b)	The undersigned is: \[\sigma \text{ a single propri} \] \[\sigma \text{ a partnership} \]	etorship 🗷 a corp	oration organized in the state tion (describe)	ofPA						
	(c)	The name, title and address of the owner	er, partners or officers	of the contractor/subcontractor	or are:						
		NAME	TITLE	ADDR	RESS						
		ful falsification of any of the above stateme revailing Wage Act of August 15, 1961, P.									
_		5/9/2012 (DATE)		(SIGNATURE))						
		• •		Owner							
				(TITLE)							
2.25	DE\/ 10	SEAL 0-03 (Page 2)		Taken, sworn and subscribed before	me this Day						
J-ZD	KEV IL	7-UJ (1 aqt Z)		of	A D						