FORM AA-202
REVISED 11/11

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:
https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa202ins.pdf

3. F ID or SS Number 46-2363353

1.Name and address of Prime Contractor
PAL-PRO BUILDERS LLC

2. Contractor ID Number 32008

4. Reporting Period 2/1/2022 - 2/28/2023

(NAME)
302 LANZA AVE

5. Public Agency Awarding Contract Maplewood Library

Date of Award 6/5/2022

(ADDRESS)
GARFIELD (CITY) NJ (STATE) 07026 (ZIP CODE)

6. Name and Location of Project 51 Baker Street, Maplewood, N.J 0

County

7. Project ID Number 73493

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSIFICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES A. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	14. % OF WORK HRS A. % OF MIN. W/H	B. % OF FEMALE W/H	15. CUM. WORK HRS TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	16. CUM. % OF W/H A. % OF MIN. W/H	B. % OF FEM. W/H
Pal-Pro Builders	14	GC	J	5	0	0	0	0	0	0	64	0	0	0	0	64	0	0	0	0
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Apollo Mac LLC																				
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			AP																	

17. COMPLETED BY (PRINT OR TYPE)

Sinisha Spasovski (NAME) (SIGNATURE) President (TITLE)

201 (AREA CODE) 367.8365 (TELEPHONE NUMBER) (EXT.) 3/14/2023 (DATE)

DEPT. OF LABOR & WORKFORCE DEVELOPMENT CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

FORM AA-202
REVISED 11/11

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:
https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa202ins.pdf

3. F ID or SS Number 46-2363353

1.Name and address of Prime Contractor
PAL-PRO BUILDERS LLC

2. Contractor ID Number 32008

4. Reporting Period 2/1/2023 - 2/28/2023

(NAME)
302 LANZA AVE

5. Public Agency Awarding Contract Maplewood Library

Date of Award 6/5/2022

(ADDRESS)
GARFIELD NJ 07026
(CITY) (STATE) (ZIP CODE)

6. Name and Location of Project 51 Baker Street, Maplewood, N.J 0

County

7. Project ID Number 73493

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSIFICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES A. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	14. % OF WORK HRS A. % OF MIN. W/H	B. % OF FEMALE W/H	15. CUM. WORK HRS TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	16. CUM. % OF W/H A. % OF MIN. W/H	B. % OF FEM. W/H
Pal-Pro Builders	14	GC	J	5	0	0	0	0	0	0	64	0	0	0	0	64	0	0	0	0
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17. COMPLETED BY (PRINT OR TYPE)

Sinisha Spasovski (NAME)

(SIGNATURE)

President (TITLE)

201 (AREA CODE) 367.8365 (TELEPHONE NUMBER) (EXT.)

3/14/2023 (DATE)

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ■ Contractor or ☐ Subcontractor Pal-Pro Builders, LLC F.E.I.N. 46-2363353	Business Address 302 Lanza Ave, Floor 2, Garfield, NJ 07026 Project Location 51 Baker Street Maplewood, NJ 07040	Project Name Maplewood Memorial Library Contract I.D. or Project I.D. **Contractor Registration #**
Payroll No. 12 / Date Wages Due & Paid (mm/dd/yyyy) 01/20/2023 / Week Ending Date 01/15/2023 or ☐ Final Certification		

SUBMIT form by email:

IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	Race (See Key)	Straight Time or Overtime	4. Day and Date: SU 01/08	MO 01/09	TU 01/10	WE 01/11	TH 01/12	FR 01/13	SA 01/14	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	This Week	8. Deductions: FICA	Federal Tax	State Tax	Other (specify): Social Security	Medical Medicare	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
						Hours worked each day																		
Stracho Ivcheski 226 Lanza Ave Garfield, NJ 07026 XXX-XX-2769	Foreman	Mason	M	W	S		8	8	8	0	0		24.00	86.43	2,074.32	$2,074.32	33.15	$ 178.00	12.97	128.61	30.08	$ 382.81	$ 1,691.51	
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KEY **W**= White; **B**= Black or African American; **A**= Asian; **N**= American Indian or Native Alaskan; **I** = Native Hawaiian or Pacific Islander; **M**= 2 or More

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Pal-Pro Builders, LLC (Contractor or Subcontractor) on the Maplewood Memorial Library Maplewood, N.J. 07040 (Project Name & Location) that during the payroll period beginning on (date) 01/09/23, and ending on (date) 01/15/23, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates 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 he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Sinisha Spasovski

Title General Member Date (mm/dd/yy) 01/20/23

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
— N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ■ Contractor or ❑ Subcontractor	Business Address	Project Name	
Pal-Pro Builders, LLC F.E.I.N. 46-2363353	302 Lanza Ave, Floor 2, Garfield, NJ 07026	Maplewood Memorial Library Contract I.D. or Project I.D.	**SUBMIT** form by email: @ **IMPORTANT:** For purposes of law, you must also submit this form to the appropriate public body or lessor.
Payroll No. 13 | Date Wages Due & Paid (mm/dd/yyyy) 01/27/2023 | Week Ending Date 01/22/2023 or ❑ Final Certification	Project Location 51 Baker Street Maplewood, NJ 07040	**Contractor Registration #**	

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 01/15	MO 01/16	TU 01/17	WE 01/18	TH 01/19	FR 01/20	SA 01/21	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other (specify) Social Security	Medicare	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Stracho Ivcheski 226 Lanza Ave Garfield, NJ 07026 XXX-XX-2769	Foreman	Mason	M	W	S		8	0	0	0	0		8.00	86.43	691.44	$691.44	10.37	$ 25.00	4.32	42.87	10.02	$ 92.58	$ 598.86	
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(Hours worked each day)

KEY **W**= White; **B**= Black or African American; **A**= Asian; **N**= American Indian or Native Alaskan; **I** = Native Hawaiian or Pacific Islander; **M**= 2 or More

❑ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Pal-Pro Builders, LLC (Contractor or Subcontractor) on the Maplewood Memorial Library Maplewood, N.J. 07040 (Project Name & Location) that during the payroll period beginning on (date) 01/16/23, and ending on (date) 01/22/23, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates 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 he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Sinisha Spasovski

Title General Member Date (mm/dd/yy) 01/27/23

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
— N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ■ Contractor or ❑ Subcontractor	Business Address	Project Name
Pal-Pro Builders, LLC F.E.I.N. 46-2363353	302 Lanza Ave, Floor 2, Garfield, NJ 07026 Project Location 51 Baker Street Maplewood, NJ 07040	Maplewood Memorial Library Contract I.D. or Project I.D. **Contractor Registration #**

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
14	02/10/2023	02/05/2023 or ❑ Final Certification

SUBMIT form by email:

IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. Day and Date: SU 01/29	MO 01/30	TU 01/31	WE 02/01	TH 02/02	FR 02/03	SA 02/04	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	8. Federal Tax	8. State Tax	8. Other (specify) Social Security	8. Medical Medicare	8. Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
						Hours worked each day																		
Toni Jovceski 63 Manner Ave Garfield, NJ 07026 XXX-XX-0805	Foreman	Carpenter	M	W	S		8	0	0	0	0		8.00	97.40	779.20	$779.20	13.43	$ 25.00	4.86	48.31	11.30	$ 102.90	$ 676.30	
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Miroslav Karadakoski 25 Commerce St Garfield NJ 07026 xxx-xx-3674	Journeyman	Carpenter	M	W	S		8	0	0	0	0		8.00	84.77	678.16	$ 678.16	11.74	$ 45.00	4.23	42.05	9.84	$ 112.86	$ 565.30	
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Drage Madzovski 111 Plauderville Ave Garfield NJ 07026 xxx-xx-1527	Journeyman	Carpenter	M	W	S		8	0	0	0	0		8.00	84.77	678.16	$ 3,794.96	219.69	$ 749.00	23.70	235.29	55.03	$ 1,282.71	$ 2,512.25	
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Kiro Zupanoski 115 Hartman Ave Garfield, NJ 07026 xxx-xx-9517	Journeyman	Carpenter	M	W	S		8	0	0	0	0		8.00	84.77	678.16	$ 3,390.80	192.74	$ 448.00	21.16	210.23	49.17	$ 921.30	$ 2,469.50	
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A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

❑ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Pal-Pro Builders, LLC (Contractor or Subcontractor) on the Maplewood Memorial Library Maplewood, N.J. 07040 (Project Name & Location) that during the payroll period beginning on (date) 01/30/23, and ending on (date) 02/05/23, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

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(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Sinisha Spasovski

Title General Member Date (mm/dd/yy) 02/10/23

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
— N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person

FORM AA-202
REVISED 11/11

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:
https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa202ins.pdf

3. F ID or SS Number: 271-813-006

1.Name and address of Prime Contractor: Apollo Mac LLC

2. Contractor ID Number:

4. Reporting Period: 01/01/2023-01/31/2023

(NAME) 226 Wessington Ave

5. Public Agency Awarding Contract: Maplewood Library

Date of Award: 06/052022

(ADDRESS) Garfiled NJ 07026

6. Name and Location of Project / **County:** 51 Baker Street,Maplewood NJ

7. Project ID Number: 73493

(CITY) (STATE) (ZIP CODE)

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI-FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES A. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	14. % OF WORK HRS A. % OF MIN. W/H	B. % OF FEMALE W/H	15. CUM. WORK HRS TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	16. CUM. % OF W/H A. % OF MIN. W/H	B. % OF FEM. W/H
Apollo Mac LLC	2%	Electri	J	2	0	0	0	0	0	0	12	0	0	0	0	12	0	0	0	0
	2%	Electri	AP	1	0	0	0	0	0	0	8	0	0	0	0	8	0	0	0	0
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17. COMPLETED BY (PRINT OR TYPE)

Apollo Mac LLC (NAME) — (SIGNATURE) — President (TITLE)

862 (AREA CODE) 221-2518 (TELEPHONE NUMBER) (EXT.) — 02/01/2023 (DATE)

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor
Apollo Mac LLC

F.E.I.N. 271-813006

Business Address
226 Wssington Ave , Garfield NJ 07026

Project Location
51 Beker Ave,Maplewood NJ

Project Name
Maplewood Memorial Public Libr

Contract I.D. or Project I.D.

Contractor Registration #
682969

SUBMIT form by
email: *equalpayact@dol.nj.gov*

IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.

Payroll No.
4

Date Wages Due & Paid (mm/dd/yyyy)
01/27/2023

Week Ending Date
01/14/2023
or ☐ Final Certification

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 1/08	MO 1/09	TU 1/10	WE 1/11	TH 1/12	FR 1/13	SA 1/14	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
						Hours worked each day																		
Vlasevski,Vane 226 Wessington Ave., Garfield NJ 07026 xxx-xx-6597	Foreman	Electritian	M	W	S				8					113.73	909.84	$6,728.64	514.74	$ 1,233.18	379.08			$ 2,127.00	$ 4,601.64	
					O																			
Kotevski,Ratko 8 Short St,Lodi NJ 07644 xxx-xx-7978	Journeyman	Electritian	M	W	S				8					97.21	777.68	$ 3,385.91	259.03	$ 184.62	82.19	16.42		$ 542.26	$ 2,843.65	
					O																			
Budjakovski,Dejan 212 Wessington Ave.,Garfield NJ 07026 xxx-xx-7911	Journeyman	Electritian	M	W	S				4					97.21	388.84	$ 2,610.24	199.68	$ 0.00	50.05	12.66		$ 262.39	$ 2,347.85	
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KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Apollo Mac LLC
(Contractor or Subcontractor)
on the Maplewood Memorial P
(Project Name & Location)
that during the payroll period beginning on (date) 01/08/23, and ending on (date) 01/14/23, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates 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 he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Vane Vlasevski

Title President Date (mm/dd/yy) 01/27/23

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
— N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ■ Subcontractor	Business Address	Project Name	
Apollo Mac LLC F.E.I.N. 271-813006	226 Wessington Ave Garfield NJ 07026	Lincoln Elementary School Contract I.D. or Project I.D.	**SUBMIT** form by email: *equalpayact@dol.nj.gov* **IMPORTANT:** For purposes of law, you must also submit this form to the appropriate public body or lessor.
Payroll No. 43 / Date Wages Due & Paid (mm/dd/yyyy) 02/24/2023 / Week Ending Date 02/11/2023 or ☐ Final Certification	Project Location 53 Brookville Edison NJ 08837	**Contractor Registration #** 682969	

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	SU 02/05	MO 02/06	TU 02/07	WE 02/08	TH 02/09	FR 02/10	SA 02/11	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Vlasevski,Vane 226 Wessington Ave., Garfield NJ 07026 xxx-xx-6597	Foreman	Electrician	M	W	S		7	7	4	6			24.00	111.90	2,685.60	$5,406.65	413.61	$ 915.90	286.54			$ 1,616.05	$ 3,790.60	
					O																			
Koroshevski,Jane 138 James st,FRNT,Lodi NJ xxx-xx-2186	Journeyman	Electrician	M	W	S				4	6			10.00	95.65	956.50	$ 1,946.50	148.90	$ 0.00	32.78	9.44		$ 191.12	$ 1,755.38	
					O																			
Kusibovski,Darko 226 Lanza Ave Garfield NJ 0026 xxx-xx-7519	Journeyman	Electrician	M	W	S		7	7					14.00	95.65	1,339.10	$ 2,093.10	160.12	$ 29.48	36.09	10.16		$ 235.85	$ 1,857.25	
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Hours worked each day

KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

☐ Check if additional sheets used

MW-562 (9/19)

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Apollo Mac LLC
(Contractor or Subcontractor)
on the ~~Lincoln Elementary School~~
(Project Name & Location)
that during the payroll period beginning on (date) 02/05/23, and ending on (date) 02/11/23, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates 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 he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Vane Vlasevski

Title President Date (mm/dd/yy) 02/22/23

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
— N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ■ Subcontractor Apollo Mac LLC F.E.I.N. 271-813006	Business Address 226 Wessington Ave Garfield NJ 07026	Project Name Lincoln Elementary School Contract I.D. or Project I.D.	**SUBMIT** form by email: *equalpayact@dol.nj.gov* **IMPORTANT:** For purposes of law, you must also submit this form to the appropriate public body or lessor.
Payroll No. 44 | Date Wages Due & Paid (mm/dd/yyyy) 02/24/2023 | Week Ending Date 02/18/2023 or ☐ Final Certification	Project Location 53 Brookville Edison NJ 08837	**Contractor Registration #** 682969	

1. Employee Name and Address	2. Work: Job Title *e.g., apprentice, journeyman, foreman*	2. Work: Work Classification/ Occupational Category *e.g., carpenter, mason, plumber*	3. Demographics: Sex *M=Male F=Female X=Non-Binary*	3. Demographics: Race *See Key*	Straight Time or Overtime	4. SU 02/12	MO 02/13	TU 02/14	WE 02/15	TH 02/16	FR 02/17	SA 02/18	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Vlasevski,Vane 226 Wessington Ave., Garfield NJ 07026 xxx-xx-6597	Foreman	Electrician	M	W	S		7	7	6				20.00	111.90	2,238.00	$5,406.65	413.61	$ 915.90	286.54			$ 1,616.05	$ 3,790.60	
					O																			
Trepeski,Hristijan 19-21 Belmont Ave,Garfield NJ xxx-xx-4528	Journeyman	Electrician	M	W	S		7	7					14.00	95.65	1,339.10	$ 2,178.16	166.62	$ 116.61	39.43	10.57		$ 333.23	$ 1,844.93	
					O																			
Josheski,Vlatko 339 Palisade Ave Garfield NJ 07026 xxx-xx-1472	Journeyman	Electrician	M	W	S				6				6.00	95.65	573.90	$ 2,665.18	203.89	$ 155.59	51.54	12.93		$ 383.95	$ 2,281.23	
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Hours worked each day (columns SU–SA)

KEY W= White; B= Black or African American; A= Asian; N= American Indian or Native Alaskan; I = Native Hawaiian or Pacific Islander; M= 2 or More

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Apollo Mac LLC
(Contractor or Subcontractor)
on the ~~Lincoln Elementary School~~
(Project Name & Location)
that during the payroll period beginning on (date) 02/12/23, and ending on (date) 02/18/23, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates 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 he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Vane Vlasevski

Title President Date (mm/dd/yy) 02/22/23

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
– N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person

FORM AA-202
REVISED 11/11

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:
http://www.state.nj.us/treasury/contract_compliance/pdf/aa202ins.pdf

1. Name and address of Prime Contractor
IBN Construction Corp (NAME)
49 Hermon St (ADDRESS)
Newark, NJ 07105 (CITY) (STATE) (ZIP CODE)

2. Contractor ID Number

3. FID or SS Number 83-0346542

4. Reporting Period 1-14-23 to 1-20-23

5. Public Agency Awarding Contract Maplewood Township Essex County — Date of Award 9-6-22

6. Name and Location of Project Maplewood Memorial Library Reno

7. Project ID Number

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSIFICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES A. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	14. % OF WORK HRS A. % OF MIN. W/H	B. % OF FEMALE W/H	15. CUM. WORK HRS TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	16. CUM. % OF W/H A. % OF MIN. W/H	B. % OF FE W/H
IBN Construction Corp	100%	Demo	J	7		7				7	50									
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17. COMPLETED BY (PRINT OR TYPE)
Nelson Espinoza (NAME) — Nelson Espinoza (SIGNATURE) — President (TITLE)
973-344-4568 (AREA CODE) (TELEPHONE NUMBER) (EXT.) — 2-6-23 (DATE)

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol..gov/whd/forms/wh347instr.htm)

WHD
U.S. Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

Rev. Dec. 2008

OMB No. 1235-0008
Expires 04/30/2021

NAME OF CONTRACTOR	OR SUBCONTRACTOR	ADDRESS	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
	X IBN CONSTRUCTION COR	49 HERMAN STREET NEWARK NJ 071	MAPLEWOOD DEMO	

Payroll No. 10 — For Week Ending 01/21/23

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST. OR OT.	(4) DAY AND DATE U 15	M 16	T 17	W 18	H 19	F 20	S 21	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE	SUDI	OTHER	TOTAL DEDUC-TIONS	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
ANGEL MACAS XXX-XX-5636	3	LABORER	O								0			19294	25723	9169	1224	0	55410	1968.19
			S		800	800	800	500	800		3700	68.17	2522.29							
FRANKLIN SAULA XXX-XX-1087	5	OPERATOR	O								0			14825	15047	6080	940	0	36892	1568.96
			S				800	500	800		2100	92.28	1937.88							
JORGE RODRIGUEZ-MEZA XXX-XX-2335	2	LABORER	O								0			3650	3224	900	231	0	8006	397.13
			S		700						700	68.17	477.19							
DAVID MEDINA XXX-XX-4821	4	LABORER	O								0			15123	19973	7342	959	0	43398	1542.95
			S		800		800	500	800		2900	68.17	1976.93							
BORIS MARTINEZ XXX-XX-4562	0	LABORER	O								0			8344	15081	4145	529	0	28098	809.74
			S			800	800				1600	68.17	1090.72							
DIEGO VILLAVICENCIO XXX-XX-5124	3		O								0			10951	16209	5540	695	0	33395	1097.62
			S		800			500	800		2100	68.17	1431.57							
FLAVIO RAMIR ESPINOZ XXX-XX-8174	0		O								0			15125	19462	6194	959	0	41740	1559.53
			S			800	800	500	800		2900	68.17	1976.93							
			O																	
			S																	

While completion of Form WH-347 is optional, it is mandatory for contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. @@3.3, 5.5(a). For Copeland Act (40 U.S.C. S3145) contractors and subcontractors performing work on Fedearrly financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. S 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payroll to the Federal agaency conrtracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicaticating that the payrolls are complete and complete and that each laborer or mechanic has been paid not less than the proper Davis-Beacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection of information, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D.C. 20210.

Date 02/03/2023

I, NELSON ESPINOZA (Name of Signatory Party), PRESIDENT (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by IBN CONSTRUCTION CORP (Contractor Or Subcontractor) on the _____ (Building or Work); that during the payroll period commencing on the 15th day of JANUARY, and ending the 21st day of JANUARY, 2023, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IBN CONSTRUCTION CORP (Contractor Or Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat 357; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rate for laborers or mechanics contained therein are nor 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 worked performed.

(3) That any aprrentices employed in the above period are duly registered in a bona fide in a program approved or certified by the Division of Vocational Education apprenticeship in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPOVED PLANS, FUNDS, OR PROGRAMS

☐ In additon 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 appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the rewuired fringe benefits as listed in the contract, except as noted in Section 4 (C) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
NELSON ESPINOZA PRESIDENT	Nelson Espinoza

THE WILLFULL 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.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol..gov/whd/forms/wh347instr.htm)

WHD
U.S. Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

Rev. Dec. 2008

OMB No. 1235-0008
Expires 04/30/2021

NAME OF CONTRACTOR	OR SUBCONTRACTOR x IBN CONSTRUCTION COR	ADDRESS 49 HERMAN STREET NEWARK NJ 071
Payroll No. 10	For Week Ending 01/21/23	PROJECT AND LOCATION MAPLEWOOD DEMO
		PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE U 15	M 16	T 17	W 18	H 19	F 20	S 21	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE	SUDI	OTHER	TOTAL DEDUCTIONS	(9) NET WAGES PAID FOR WEEK
DAVID MEDINA XXX-XX-4821	4	Carpenter	O								0		678.16	5188	6852	2519	329	0	14887	529.29
			S			800					800	84.77								
DIEGO VILLAVICENCIO XXX-XX-5124	3	Carpenter	O								0		1356.32	10376	15357	5249	658	0	31640	1039.92
			S			800	800				1600	84.77								
			O																	
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While completion of Form WH-347 is optional, it is mandatory for contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. @@3.3, 5.5(a). For Copeland Act (40 U.S.C. S3145) contractors and subcontractors performing work on Fedearrly financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. $ 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payroll to the Federal agaency conrtracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicaticating that the payrolls are complete and complete and that each laborer or mechanic has been paid not less than the proper Davis-Beacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection of information, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D.C. 20210.

FORM WH-347, Revised Nov. 1998 - FORMERLY SOL 184 - PURCHASE THIS FORM DIRECTLY FROM THE SUPT. OF DOCUMENTS

WH3471 Olympic Payroll 2014

Date 02/03/2023

I, NELSON ESPINOZA (Name of Signatory Party), PRESIDENT (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by IBN CONSTRUCTION CORP (Contractor Or Subcontractor) on the _____ (Building or Work); that during the payroll period commencing on the 15th day of JANUARY, and ending the 21st day of JANUARY, 2023, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IBN CONSTRUCTION CORP (Contractor Or Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat 357; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rate for laborers or mechanics contained therein are nor 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 worked performed.

(3) That any aprrentices employed in the above period are duly registered in a bona fide in a program approved or certified by the Division of Vocational Education apprenticeship in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPOVED PLANS, FUNDS, OR PROGRAMS

☐ In additon 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 appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the rewuired fringe benefits as listed in the contract, except as noted in Section 4 (C) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
NELSON ESPINOZA PRESIDENT	Nelson Espinoza

THE WILLFULL 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.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See instructions at www.dol..gov/whd/forms/wh347instr.htm)

WHD
U.S. Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

Rev. Dec. 2008

OMB No. 1235-0008
Expires 04/30/2021

NAME OF CONTRACTOR	OR SUBCONTRACTOR	X	IBN CONSTRUCTION COR	ADDRESS	49 HERMAN STREET NEWARK NJ 071
Payroll No. 11	For Week Ending 01/28/23			PROJECT AND LOCATION	MAPLEWOOD DEMO

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST. OR OT.	(4) DAY AND DATE U 22	M 23	T 24	W 25	H 26	F 27	S 28	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE	SUDI	OTHER	TOTAL DEDUC-TIONS	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
ANGEL MACAS XXX-XX-5636	3	LABORER	O								0			18254	22724	8337	1157	0	50472	1881.23
			S		500	800	600	800	800		3500	68.17	2385.95							
FRANKLIN SAULA XXX-XX-1087	5	OPERATOR	O								0			24707	37650	13474	1567	0	77398	2455.82
			S		500	800	600	800	800		3500	92.28	3229.80							
DAVID MEDINA XXX-XX-4821	4	LABORER	O								0			18253	20904	8220	1157	0	48534	1900.61
			S		500	800	600	800	800		3500	68.17	2385.95							
DIEGO VILLAVICENCIO XXX-XX-5124	3	LABORER	O								0			18254	22724	8337	1157	0	50472	1881.23
			S		500	800	600	800	800		3500	68.17	2385.95							
EDISON G GUALAN-MACA XXX-XX-7401	3	LABORER	O								0			6780	6565	1935	430	0	15709	729.12
			S		500	800					1300	68.17	886.21							
FLAVIO RAMIR ESPINOZ XXX-XX-8174	0	LABORER	O								0			11473	14036	3697	727	0	29933	1200.41
			S			800	600	800			2200	68.17	1499.74							
			O																	
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While completion of Form WH-347 is optional, it is mandatory for contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. @@3.3, 5.5(a). For Copeland Act (40 U.S.C. §3145) contractors and subcontractors performing work on Fedearrly financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payroll to the Federal agaency conrtracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicaticating that the payrolls are complete and complete and that each laborer or mechanic has been paid not less than the proper Davis-Beacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection of information, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D.C. 20210.

Date 02/03/2023

I, NELSON ESPINOZA (Name of Signatory Party) : PRESIDENT (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by IBN CONSTRUCTION CORP (Contractor Or Subcontractor) on the _____ (Building or Work); that during the payroll period commencing on the 22nd day of JANUARY, and ending the 28th day of JANUARY, 2023, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said IBN CONSTRUCTION CORP (Contractor Or Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat 357; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rate for laborers or mechanics contained therein are nor 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 worked performed.

(3) That any aprrentices employed in the above period are duly registered in a bona fide in a program approved or certified by the Division of Vocational Education apprenticeship in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPOVED PLANS, FUNDS, OR PROGRAMS

☐ In additon 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 appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the rewuired fringe benefits as listed in the contract, except as noted in Section 4 (C) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
NELSON ESPINOZA PRESIDENT	Nelson Espinoza

THE WILLFULL 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.

FORM AA-202
REVISED 11/11

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:
https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa202ins.pdf

3. F ID or SS Number 22-3313202

1.Name and address of Prime Contractor

Lilich Corporation

2. Contractor ID Number 604729

4. Reporting Period 02/01/2023-02/28/2023

(NAME)

246 Union Blvd

5. Public Agency Awarding Contract

Date of Award 12/01/2022

(ADDRESS)

Totowa NJ 07512

(CITY) (STATE) (ZIP CODE)

6. Name and Location of Project Maplewood Memorial Library

County

7. Project ID Number

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSIFICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES A. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	14. % OF WORK HRS A. % OF MIN. W/H	B. % OF FEMALE W/H	15. CUM. WORK HRS TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	16. CUM. % OF W/H A. % OF MIN. W/H	B. % OF FEM. W/H
Lilich Corporatio	100%	Asbesto	J	11	0	6	0	0	0	6	1008	504	0	50%	0%	2633	1208	0	46%	0
			AP																	
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17. COMPLETED BY (PRINT OR TYPE)

Gabriel Olejar (NAME) | Gabriel Olejar (SIGNATURE) | Project Manager (TITLE)

973 (AREA CODE) | 2,258,400 (TELEPHONE NUMBER) | (EXT.) | 2/28/2023 (DATE)

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ■ Contractor or ☐ Subcontractor	Business Address	Project Name
Lilich Corporation	246 Union Boulevard, Totowa, New Jersey 07512	Memorial Library
F.E.I.N. 22-3313202	Project Location	Contract I.D. or Project I.D.
Payroll No. 7 / Date Wages Due & Paid (mm/dd/yyyy) 02/10/2023 / Week Ending Date 02/05/2023 or ☐ Final Certification	Memorial Library,51 Baker St, Maplewood NJ 07040	**Contractor Registration #** 604729

SUBMIT form by email *equalpayact@dol.nj.gov*

IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. Day and Date: SU 01/29	MO 01/30	TU 01/31	WE 02/01	TH 02/02	FR 02/03	SA 02/04	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other (specify)		Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
						Hours worked each day																	
Lazar Stojanov 5025 60 Manner Ave Garfield, NJ 07026	Supervisor	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00	65.59	524.72	$1,311.80	156.44	$ 19.02	2469	6.37		$ 206.52	$ 1,105.28	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Victor N Armijos 3453 212 58th St Apt 2 West New York,NJ 07093	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00	60.99	487.92	$ 1,463.76	223.79	$ 21.22	3228	7.09		$ 284.38	$ 1,179.38	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Raul Garcia 0124 5800 Broadway West New York, NJ 07093	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00	60.99	487.92	$ 487.92	30.25	$ 7.08	707	2.36		$ 46.76	$ 441.16	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Marko Spajic 0447 272 Luddington Ave Clifton, NJ 07011	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00	60.99	487.92	$ 975.84	141.41	$ 14.15	2789	4.73		$ 188.18	$ 787.66	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Milko Spajic 0150 272 Luddington Ave Clifton, NJ 07011	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00	60.99	487.92	$ 975.84	141.41	$ 14.14	2789	4.73		$ 188.17	$ 787.67	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Zdenko Ceselka 3613 13 Willow Pl Iselin, NJ 08830	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00	60.99	487.92	$ 975.84	141.42	$ 14.15	2789	4.73		$ 188.19	$ 787.65	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Gordillo Valdivieso, Pedro 7318 366 Hanover Ave Allentown, PA 18109	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00	60.99	487.92	$ 975.84	105.22	$ 14.15	1769	4.74		$ 141.80	$ 834.04	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Rafal, Matyka 5221 164 West Trenton Ave Morrisville, PA 19	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	0.00	000	0.00	8.00	0.00	8.00	60.99	487.92	$ 975.84	115.14	$ 14.15	1682	4.74		$ 150.85	$ 824.99	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Christian Dominguez 6869 1612 Kennedy Blvd Union City, NJ 07087	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00	60.99	487.92	$ 975.84	60.50	$ 14.15	1769	4.74		$ 97.08	$ 878.76	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									

KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

☐ Check if additional sheets used

MW-562 (9/19)

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Lilich Corporation (Contractor or Subcontractor) on the ~~Memorial Library~~ (Project Name & Location) that during the payroll period beginning on (date) 01/30/23, and ending on (date) 02/05/23, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates 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 he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Adriana Olejarova

Title President Date (mm/dd/yy) 02/10/23

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. – N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ■ Contractor or ☐ Subcontractor	Business Address	Project Name
Lilich Corporation	246 Union Boulevard, Totowa, New Jersey 07512	Memorial Library
F.E.I.N. 22-3313202	Project Location	Contract I.D. or Project I.D.
Payroll No. 8 / Date Wages Due & Paid (mm/dd/yyyy) 02/17/2023 / Week Ending Date 02/12/2023 or ☐ Final Certification	Memorial Library,51 Baker St, Maplewood NJ 07040	**Contractor Registration #** 604729

SUBMIT form by email: *equalpayact@dol.nj.gov*

IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. Day and Date: SU 02/05	MO 02/06	TU 02/07	WE 02/08	TH 02/09	FR 02/10	SA 02/11	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other (specify)		Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Lazar Stojanov 5025 60 Manner Ave Garfield, NJ 07026	Supervisor	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	65.59	2,623.60	$2,623.60	423.99	$ 38.05	96.09	12.72		$ 571.45	$ 2,052.15	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Victor N Armijos 3453 212 58th St Apt 2 West New York,NJ 07093	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	8.00	8.00	8.00	8.00	8.00	0.00	32.00	60.99	2,439.60	$ 2,439.60	444.88	$ 35.38	90.16	11.83		$ 582.25	$ 1,857.35	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Raul Garcia 0124 5800 Broadway West New York, NJ 07093	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	60.99	2,439.60	$ 2,439.60	371.07	$ 35.37	87.12	11.83		$ 506.09	$ 1,933.51	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Marko Spajic 0447 272 Luddington Ave Clifton, NJ 07011	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	60.99	2,439.60	$ 2,439.60	545.92	$ 35.37	126.16	11.83		$ 719.28	$ 1,720.32	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Milko Spajic 0150 272 Luddington Ave Clifton, NJ 07011	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	60.99	2,439.60	$ 2,439.60	545.92	$ 35.38	126.16	11.83		$ 719.29	$ 1,720.31	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Zdenko Ceselka 3613 13 Willow Pl Iselin, NJ 08830	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	60.99	2,439.60	$ 2,439.60	545.91	$ 35.37	126.16	11.83		$ 719.27	$ 1,720.33	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Gordillo Valdivieso, Pedro 7318 366 Hanover Ave Allentown, PA 18109	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	60.99	2,439.60	$ 2,439.60	390.29	$ 35.38	90.16	11.83		$ 527.66	$ 1,911.94	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Rafal, Matyka 5221 164 West Trenton Ave Morrisville, PA 19	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	60.99	1,951.68	$ 2,439.60	408.49	$ 35.37	87.12	11.83		$ 543.51	$ 1,896.09	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Denis, Garcia 9123 5800 Broadway Ave West New York, NJ 07093	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	8.00	8.00	8.00	0.00	8.00	0.00	32.00	60.99	1,951.68	$ 2,439.60	497.84	$ 35.38	123.46	11.83		$ 668.51	$ 1,771.09	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									

KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

☑ Check if additional sheets used

MW-562 (9/19)

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ■ Contractor or ❑ Subcontractor	Business Address	Project Name	
Lilich Corporation F.E.I.N. 22-3313202	246 Union Boulevard, Totowa, New Jersey 07512	Memorial Library Contract I.D. or Project I.D.	**SUBMIT** form by email: equalpayact@dol.nj.gov **IMPORTANT:** For purposes of law, you must also submit this form to the appropriate public body or lessor.
Payroll No. 8 / Date Wages Due & Paid (mm/dd/yyyy) 02/17/2023 / Week Ending Date 02/12/2023 or ❑ Final Certification	Project Location Memorial Library,51 Baker St, Maplewood NJ 07040	**Contractor Registration #** 604729	

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	Race (See Key)	Straight Time or Overtime	4. Day and Date: SU 02/05	MO 02/06	TU 02/07	WE 02/08	TH 02/09	FR 02/10	SA 02/11	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	This Week	8. Deductions: FICA	Federal Tax	State Tax	Other (specify)		Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Christian Dominguez 6869 1612 Kennedy Blvd Union City, NJ 07087	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	60.99	2,439.60	$2,439.60	313.38	$ 35.37	90.16	11.83		$ 450.74	$ 1,988.86	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00										
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Hours worked each day

KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

❑ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Lilich Corporation
(Contractor or Subcontractor)
on the ~~Memorial Library~~
(Project Name & Location)
that during the payroll period beginning on (date) 02/06/23, and ending on (date) 02/12/23, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates 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 he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Adriana Olejarova

Title President Date (mm/dd/yy) 02/17/23

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
– N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ■ Contractor or ☐ Subcontractor	Business Address	Project Name	**SUBMIT** form by email: *equalpayact@dol.nj.gov*
Lilich Corporation F.E.I.N. 22-3313202	246 Union Boulevard, Totowa, New Jersey 07512 Project Location Memorial Library,51 Baker St, Maplewood NJ 07040	Memorial Library Contract I.D. or Project I.D. **Contractor Registration #** 604729	**IMPORTANT:** For purposes of law, you must also submit this form to the appropriate public body or lessor.

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
9	02/24/2023	02/19/2023 or ☐ Final Certification

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. Day and Date: SU 02/12	MO 02/13	TU 02/14	WE 02/15	TH 02/16	FR 02/17	SA 02/18	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Lazar Stojanov 5025 60 Manner Ave Garfield, NJ 07026	Supervisor	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	65.59	2,098.88	$2,098.88	299.69	$ 30.43	64.69	10.18		$ 404.99	$ 1,693.89	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Victor N Armijos 3453 212 58th St Apt 2 West New York,NJ 07093	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	8.00	8.00	8.00	8.00	0.00	0.00	30.00	60.99	1,829.70	$ 1,829.70	290.39	$ 26.53	52.96	8.88		$ 378.76	$ 1,450.94	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Raul Garcia 0124 5800 Broadway West New York, NJ 07093	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	8.00	8.00	0.00	8.00	0.00	0.00	24.00	60.99	1,463.76	$ 1,463.76	174.79	$ 21.23	30.78	7.10		$ 233.90	$ 1,229.86	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Marko Spajic 0447 272 Luddington Ave Clifton, NJ 07011	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	0.00	8.00	0.00	0.00	24.00	60.99	1,463.76	$ 1,463.76	263.94	$ 21.22	57.85	7.10		$ 350.11	$ 1,113.65	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Milko Spajic 0150 272 Luddington Ave Clifton, NJ 07011	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	0.00	8.00	0.00	0.00	24.00	60.99	1,463.76	$ 1,463.76	263.94	$ 21.22	57.85	7.10		$ 350.11	$ 1,113.65	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Zdenko Ceselka 3613 13 Willow Pl Iselin, NJ 08830	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	60.99	1,951.68	$ 1,951.68	401.54	$ 28.30	92.00	9.47		$ 531.31	$ 1,420.37	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Gordillo Valdivieso, Pedro 7318 366 Hanover Ave Allentown, PA 18109	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	60.99	1,951.68	$ 1,951.68	282.83	$ 28.30	60.40	9.46		$ 380.99	$ 1,570.69	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Rafal, Matyka 5221 164 West Trenton Ave Morrisville, PA 19	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	60.99	1,951.68	$ 1,951.68	292.74	$ 28.30	58.05	9.46		$ 388.55	$ 1,563.13	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									
Denis, Garcia 9123 5800 Broadway Ave West New York, NJ 07093	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	8.00	8.00	0.00	0.00	0.00	0.00	16.00	60.99	975.84	$ 1,219.80	147.06	$ 17.68	40.43	5.92		$ 211.09	$ 1,008.71	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00									

KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

☑ Check if additional sheets used

MW-562 (9/19)

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ■ Contractor or ☐ Subcontractor
Lilich Corporation

F.E.I.N. 22-3313202

Business Address
246 Union Boulevard, Totowa, New Jersey 07512

Project Name
Memorial Library

Contract I.D. or Project I.D.

Project Location
Memorial Library,51 Baker St, Maplewood NJ 07040

Contractor Registration #
604729

Payroll No.
9

Date Wages Due & Paid (mm/dd/yyyy)
02/24/2023

Week Ending Date
02/19/2023
or ☐ Final Certification

SUBMIT form by
email: *equalpayact@dol.nj.gov*

IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 02/12	MO 02/13	TU 02/14	WE 02/15	TH 02/16	FR 02/17	SA 02/18	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Christian Dominguez 6869 1612 Kennedy Blvd Union City, NJ 07087	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	8.00	8.00	0.00	8.00	0.00	0.00	24.00	60.99	1,463.76	$1,463.76	117.09	$ 21.23	32.28	7.10		$ 177.70	$ 1,286.06	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00										
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A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

☐ Check if additional sheets used

MW-562 (9/19)

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Lilich Corporation (Contractor or Subcontractor) on the ~~Memorial Library~~ (Project Name & Location) that during the payroll period beginning on (date) 02/13/23, and ending on (date) 02/19/23, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates 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 he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Adriana Olejarova

Title President Date (mm/dd/yy) 02/24/23

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
– N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ■ Contractor or ☐ Subcontractor	Business Address	Project Name
Lilich Corporation	246 Union Boulevard, Totowa, New Jersey 07512	Memorial Library
F.E.I.N. 22-3313202	Project Location	Contract I.D. or Project I.D.
Payroll No. 10 / Date Wages Due & Paid (mm/dd/yyyy) 03/03/2023 / Week Ending Date 02/26/2023 or ☐ Final Certification	Memorial Library,51 Baker St, Maplewood NJ 07040	**Contractor Registration #** 604729

SUBMIT form by email: *equalpayact@dol.nj.gov*

IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. Day and Date: SU 02/19	MO 02/20	TU 02/21	WE 02/22	TH 02/23	FR 02/24	SA 02/25	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other (specify)		Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
						Hours worked each day																		
Lazar Stojanov 5025 60 Manner Ave Garfield, NJ 07026	Supervisor	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	8.00	8.00	8.00	8.00	0.00	32.00	65.59	2,098.88	$2,098.88	299.69	$ 30.43	6.69	10.18		$ 404.99	$ 1,693.89	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00										
Victor N Armijos 3453 212 58th St Apt 2 West New York,NJ 07093	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	0.00	8.00	8.00	8.00	8.00	0.00	32.00	60.99	1,951.68	$ 1,951.68	312.59	$ 28.30	6.40	9.47		$ 410.76	$ 1,540.92	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00										
Raul Garcia 0124 5800 Broadway West New York, NJ 07093	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	0.00	8.00	8.00	8.00	8.00	0.00	32.00	60.99	1,951.68	$ 2,683.56	439.86	$ 38.91	10.70	13.02		$ 594.49	$ 2,089.07	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00										
Marko Spajic 0447 272 Luddington Ave Clifton, NJ 07011	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	8.00	8.00	8.00	8.00	0.00	32.00	60.99	1,961.68	$ 2,683.56	619.59	$ 38.92	14.23	13.01		$ 814.75	$ 1,868.81	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00										
Milko Spajic 0150 272 Luddington Ave Clifton, NJ 07011	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	8.00	8.00	8.00	8.00	0.00	32.00	60.99	1,961.68	$ 2,683.56	619.59	$ 38.92	14.23	13.02		$ 814.76	$ 1,868.80	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00										
Zdenko Ceselka 3613 13 Willow Pl Iselin, NJ 08830	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	8.00	8.00	8.00	8.00	0.00	32.00	60.99	1,961.68	$ 2,683.56	619.59	$ 38.91	14.23	13.01		$ 814.74	$ 1,868.82	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00										
Gordillo Valdivieso, Pedro 7318 366 Hanover Ave Allentown, PA 18109	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	8.00	8.00	8.00	8.00	0.00	32.00	60.99	1,961.68	$ 1,961.68	282.82	$ 28.30	6.40	9.48		$ 381.00	$ 1,570.68	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00										
Christian Dominguez 6869 1612 Kennedy Blvd Union City, NJ 07087	Handler	Laborer,Asbestos& Hazardous Was	M	W	S	0.00	0.00	8.00	8.00	8.00	8.00	0.00	32.00	60.99	1,951.68	$ 2,683.56	382.17	$ 38.91	10.04	13.02		$ 539.14	$ 2,144.42	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00										
Marco Palacios 5533 6023 Park Ave Apt 2L West New York, NJ 07093	Handler	Laborer,Asbestos& Hazardous Was	M	M	S	0.00	0.00	8.00	8.00	8.00	8.00	0.00	32.00	60.99	1,951.68	$ 1,951.68	244.36	$ 28.30	6.40	9.46		$ 342.52	$ 1,609.16	
					O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00										

KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

☐ Check if additional sheets used

MW-562 (9/19)

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Lilich Corporation
(Contractor or Subcontractor)
on the ~~Memorial Library~~
(Project Name & Location)
that during the payroll period beginning on (date) 02/20/23, and ending on (date) 02/26/23, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates 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 he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Adriana Olejarova

Title President Date (mm/dd/yy) 03/03/23

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
– N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person