

Payroll Certification for Public Works Projects
for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ☐ Subcontractor

F.E.I.N.

Payroll No.

Date Wages Due & Paid (mm/dd/yyyy)

Week Ending Date

or ☐ Final Certification

Business Address

Project Location

Project Name

Contract I.D. or Project I.D.

Contractor Registration #

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		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour	
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>M=Male F=Female X=Non-Binary</i>	Race <i>See Key</i>		SU	MO	TU	WE	TH	FR	SA			Gross Amt. Earned		Deductions				Net Wages Paid for Week				
						mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd			This Project	This Week	FICA	Federal Tax	State Tax	Other NJ Disability		specify Unemployment			Total Deductions
						Hours worked each day																			
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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

(1) That I pay or supervise the payment of the persons employed by _____

 (Contractor or Subcontractor)
 on the _____

 (Project Name & Location)
 that during the payroll period beginning on (date) _____, and
 ending on (date) _____, 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
 aforementioned 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 sub-
 mitted 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 in-
 corporated 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 sub-
 mit to the public body or lessor a certified payroll record each pay
 period within 10 days of the payment of wages.

(6) 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.

Title _____ Date (mm/dd/yy) _____

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.

[illegible]