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) or Final Certification						Business Address Project Location								Project Name Contract I.D. or Project I.D. Contractor Registration #							6	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.	1. 2. Work					3. Demographics 0 4. Day and Date							5. 6. 7.								8	3.			9.	10. Total	
		Job Title		Work Classification/ Occupational Category		Sex Race		ght Tir ime	SU mm/dd	MO mm/dd	TU mm/dd	WE mm/dd	TH mm/dd	FR mm/dd	SA mm/dd		Hourly	Gross An			l	Dedu-	Other	(specify)	l	Net Wages	Fringe
Employee Name and Address		e.g., apprentice, journeyman, foreman		e.g., carpenter, mason, plumber		F=Female X=Non-Binary	Race		each day	mm/aa	mmyaa	Total Hours	Rate of Pay	This Project	This Week	FICA	Federal Tax	Tax		,,	Total Deductions	Paid for Week	Benefit Cost/Hour				
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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 (Contractor or Subcontractor) on the (Project Name & Location) that during the payroll period beginning on (date) _ 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 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 seg. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et (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. (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) ___

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.

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Pro	ogram Title, Classification Title, or Individual Workers	Health	Vacation."	Apprening 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	
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