

The information below must be submitted to the NJEDA pursuant to N.J.A.C. 19:30-3.5- 9. and N.J.A.C. 19:30-4.4

SEND COMPLETED FORMS TO:

NJEDA
Gateway One - Suite 900 - Internal Process Management
Newark, NJ 07102

CONTRACTOR INFORMATION

PROJECT INFORMATION

NAME: _____
 ADDRESS: _____
 CITY: _____ ST _____ ZIP _____
 PHONE: (_____) _____
 EMAIL: _____

NJEDA PROJECT NUMBER: _____
 PROJECT NAME: _____
 MUNICIPALITY: _____
 COUNTY: _____

PAYROLL PERIOD ENDING DATE: _____ / _____ / _____
mm dd year

Name		Trade	PLEASE SPECIFY DAY AND DATE							Total Hours	Hourly Rate of Pay	Gross Pay for this Project Only	FICA	With-holding Tax			Total Deductions	Net Pay	Total Fringe Benefit Cost/Hr.
Address			SUN	MON	TUES	WED	THU	FRI	SAT										
City, State, Zip																			
Name																			
Address																			
City																			
State																			
Zip Code																			
Name																			
Address																			
City																			
State																			
Zip Code																			
Name																			
Address																			
City																			
State																			
Zip Code																			
Name																			
Address																			
City																			
State																			
Zip Code																			

Date _____
 I, _____

 (Name of signatory party)

do hereby and certify:

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

_____ on the _____

_____ (Contractor or Subcontractor)

_____ ; that during the payroll period commencing on the _____
 day of _____ ; 20 ____ and ending the _____ day of _____ 20 _____

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

_____ from the full

_____ (Contractor or Subcontractor)

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
 performed

(3) That any apprentices employed in the above period are duly registered in good standing,
 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 APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic
 listed in the above referenced payroll, payments of fringe benefits as listed
 in the contract have been or will be made to appropriate programs for the
 benefit of such employees, except as noted in Section (4) below.

(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) below.

(c) FRINGE BENEFITS

<i>EXCEPTION (CRAFT)</i>	<i>EXPLANATION</i>
REMARKS	
<p><i>PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 10 ON THE REVERSE SIDE*</i></p> <p>1) Medical or hospital coverage <input type="checkbox"/></p> <p>2) Dental coverage <input type="checkbox"/></p> <p>3) Pension or Retirement <input type="checkbox"/></p> <p>4) Vacation, Holidays <input type="checkbox"/></p> <p>5) Sick days <input type="checkbox"/></p> <p>6) Life Insurance <input type="checkbox"/></p> <p>7) Other <input type="checkbox"/> Explain: _____</p> <p><i>* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE</i></p>	

(5) N.J.A.C. 19:30-3.5-9 and 4.4 The contractors shall submit
 to the NJEDA a certified payroll record each pay period.

<i>NAME AND TITLE</i>	<i>SIGNATURE</i>

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENT MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:1B-1 et seq., and P.L. 1963, c. 150 - N.J.S.A. 34:11-56.25 et seq. and provided by Sections 11 through 16, inclusive, of P.L. 1963, c. 150 - N.J.S.A. 34:11-56.35 - 34:11-56.40