Date: **12/22/2003**

I, **Betty A. Bookkeeper** , **Bookkeeper** do hereby state and certify:

1) That I pay or supervise the payment of the persons employed by **New Jersey Company** on the **Contractor One Fed Proj # 15-271 St Proj # NJ-15271-2002** ; that during the payroll period commencing on the **05** day of **January, 2003**, and ending the **11** day of **January, 2003**, 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 **New Jersey Company** 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 in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education 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, payment 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 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

EXCEPTION (CRAFT)
REMARKS
*PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 10 ON THE REVERSE SIDE**
1) Medical or hospital coverage ☐
2) Dental Coverage ☐
3) Pension or Retirement ☒
4) Vacation, Holidays ☐
5) Sick Days ☐
6) Life Insurance ☐
7) Other(Explain) ☒ Training
**TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.*

5) N.J.A.C.12:60-2.1 and 6.1 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.

Contractor Registration Number 10-987654321-00
Name and Title
The falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution N.JS.A. 34:11-56.25 et seq. and N.J.A.C. 12:60 and N.J.S.A. 34:11-4.1 et seq.