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

Name of ☐ Contractor or ☐ Subcontractor	Business Address	Project Name	methods in t
F.E.I.N.  Payroll No.  Date Wages Due & Paid  Or □ Final Certification	Project Location	Contract I.D. or Project I.D.  Contractor Registration #	IMPORTANT: For you must also submathe appropriate publications of the August 1997 and 1997 and 1997 also submathed in the August 1997 and 1997 and 1997 also submathed in the August 1997 and 1997 and 1997 also submathed in the August 1997 and 1997

**SUBMIT** form via the NJ Wage Hub (*njwages.nj.gov*) or use other submission the portal.

purposes of law, mit this form to blic body or lessor, Vage Hub or other

1.	2. Work			3. Demographics					4.	Day and	Date	1	ı	5.	6.	7	7.				8.			9.	10.			
	Job Title	Work Classification/	<u>Sex</u> M=Male	Race	Ethnicity H=Hispanic	time or nght Time	SU	МО	TU	WE	TH	FR	SA		Hourly	Gross An	nt. Earned			Dec	luctions		T	Net	Total			
Employee Name and Address	e.g., apprentice,	Occupational Category	F=Female	See	N=Non-	ertim	mm/dd	mm/do	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	Total	Rate	This	This		Federal	State	Other	(specify)	Total	Wages Paid for	Fringe Benefit			
and Address	journeyman, foreman	e.g., carpenter, mason, plumber	N=Non-Binary	Key	Hispanic	Over Strai			Hours	worked 6	ach day		1	Hours	of Pay	Project	Week	FICA	Tax	Tax			Deductions	Week	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 See following page for instructions

☐ Check if additional sheets attached

MW-562 (6/23)

## 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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