FOI #15820

Torres Rojas, Genara

From: jsg@cohmlaw.com
Sent: Monday, February 23, 2015 10:06 PM
To: Duffy, Daniel
Cc: Torres Rojas, Genara; Van Duyne, Sheree; Ng, Danny
Subject: Freedom of Information Online Request Form

Information:

First Name: john
Last Name: groarke
Company: Colleran OHara Mills
Mailing Address 1: 100 Crossways Park Drive West
Mailing Address 2: Suite 200
City: Woodbury
State: NY
Zip Code: 11797
Email Address: jsg@cohmlaw.com
Phone: 5162485757
Required copies of the records: Yes

List of specific record(s):
Request for copies of the certified payroll reports filed by sign installation contractor SIGNS DECAL CORP. for work performed on One World Trade Center for period October 1, 2014 through December 30, 2014.

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

March 13, 2015

Mr. John Groarke
Collera Ohara Mills
100 Crossways Park Drive West, Suite 200
Woodbury, NY 11797

Re: Freedom of Information Reference No. 15820

Dear Mr. Groarke:

This is in response to your February 23, 2015 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code", copy enclosed) for copies of the certified payroll reports filled by sign installation contractor Signs Decal Corp. for work performed on One World Trade Center for period October 1, 2014 through December 30, 2014.

Material responsive to your request and available under the Code can be found on the Port Authority's website at http://www.panynj.gov/corporate-information/foi/15820-WTC.pdf. Paper copies of the available records are available upon request.

Pursuant to the Code, certain portions of the material responsive to your request are exempt from disclosure as, among other classifications, personal privacy.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,

Daniel D. Duffy
FOI Administrator

Enclosure

4 World Trade Center, 18th Floor
150 Greenwich Street
New York, NY 10006
T: 212 435 3642 F: 212 435 7555

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 303	For Week Ending: 10/28/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 27 Mon	28 Tue	22 Wed	23 Thu	24 Fri	25 Sat	26 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik	05	M	9552 Journey Person	RT			4.5					4.5	68.35		U E O				307.58	136.89	170.69
				OT																	
				ST																	
Jaime E. Castillo	02a	M	9552 Journey Person	RT		8	5	8				21	43.28		U E O				908.88	431.01	477.87
				OT																	
				ST																	
Leslie L. Paul	01	M	9552 Journey Person	RT		8	5	8	8			29	43.28		U E O				1255.12	383.55	871.57
				OT																	
				ST																	
Leslie L. Paul	01	M	9552 Journey Person	RT				2.5				2.5	68.35		U E O				170.88	13.76	157.12
				OT																	
				ST																	
Sandeep Digpal	03b	M	9552 Journey Person	RT			4.5					4.5	68.35		U E O				307.58	28.33	279.25
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	S -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - Indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan___, am an officer of ___Signs and Decal___ ___Corporation___ and hereby certify that the information provided on the attached payroll form consisting of ___4___ pages (with this sheet being page 4), for the period ending ___10/28/2014___ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this ___5th___ day of ___November___, 20_14

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 302	For Week Ending: 10/21/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 20 Mon	21 Tue	15 Wed	16 Thu	17 Fri	18 Sat	19 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik	05	M	9552 Journey Person	RT	8	6.5						14.5	43.28		U E O				627.56	397.01	230.55
				OT																	
				ST																	
Jaime E. Castillo	02a	M	9552 Journey Person	RT					3.5			3.5	68.35		U E O				239.23	59.86	179.37
				OT																	
				ST																	
Jaime E. Castillo	02a	M	9552 Journey Person	RT		2.5		8				10.5	43.28		U E O				454.44	183.48	270.96
				OT																	
				ST																	
Leslie L. Paul	01	M	9552 Journey Person	RT	8							8	43.28		U E O				346.24	53.03	293.21
				OT																	
				ST																	
Sandeep Digpal	03b	M	9552 Journey Person	RT	8	6.5						14.5	68.35		U E O				991.08	205.36	785.72
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan___, am an officer of ___Signs and Decal___ ___Corporation___ and hereby certify that the information provided on the attached payroll form consisting of ___4___ pages (with this sheet being page 3), for the period ending ___10/21/2014___ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this ___5th___ day of ___November___, 20_14___

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 301	For Week Ending: 10/14/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
	Legend				Days and Dates									Supplemental Benefits							
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	13 Mon	14 Tue	8 Wed	9 Thu	10 Fri	11 Sat	12 Sun	Total Hours	Rate of Pay per Hour	Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik			9552	RT			9					9	68.35		U E O						
				OT																	
	05	M	Journey Person	ST															615.15	306.12	309.03
Jaime E. Castillo			9552	RT	6	9	9	7	9			40	68.35		U E O						
				OT																	
	02a	M	Journey Person	ST															2734.00	1431.3	1302.70
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a – Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___4_____ pages (with this sheet being page 2), for the period ending _____10/14/2014_____ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct, and complete.

Signature of Company Official

Abbas Khalfan, Vice President of Operations
(Name of person printed), (Title)

Sworn to before me this __5th__ day of __November_____, 20_14_

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 300	For Week Ending: 10/7/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 6 Mon	7 Tue	1 Wed	2 Thu	3 Fri	4 Sat	5 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik	05	M	9552 Journey Person	RT			4.5					4.5	68.35		U E O				307.58	136.9	170.68
				OT																	
				ST																	
Jaime E. Castillo	02a	M	9552 Journey Person	RT			8	8	8			24	43.28		U E O				1038.72	514.89	523.83
				OT																	
				ST																	
Jaime E. Castillo	02a	M	9552 Journey Person	RT	7.5	5						12.5	68.35		U E O				854.38	333.15	521.23
				OT																	
				ST																	
Leslie L. Paul	01	M	9552 Journey Person	RT											U E O				461.36	87.51	373.85
				OT			4.5					4.5	102.525								
				ST																	
Leslie L. Paul	01	M	9552 Journey Person	RT			8	8	8			24	43.28		U E O				1038.72	290.49	748.23
				OT																	
				ST																	
Leslie L. Paul	01	M	9552 Journey Person	RT	7.5	5						12.5	68.35		U E O				854.38	216.27	638.11
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01 - Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan___, am an officer of ___Signs and Decal___ ___Corporation___ and hereby certify that the information provided on the attached payroll form consisting of ___8___ pages (with this sheet being page 1), for the period ending ___10/7/2014___ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Officer

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this ___5th___

day of ___November___, 20_14___

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 307	For Week Ending: 11/25/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 24 Mon	25 Tue	19 Wed	20 Thu	21 Fri	22 Sat	23 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
No Work Performed				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan___ am an officer of ___Signs and Decal___ ___Corporation___ and hereby certify that the information provided on the attached payroll form consisting of ___4___ pages (with this sheet being page 4), for the period ending ___11/25/2014___ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this ___5th___

day of ___December___, 20_14___

(Name of Notary Public)

STAMP

NOTARY PUBLIC STATE OF NEW YORK

My Commission Expires Jan 31 2018

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 306	For Week Ending: 11/18/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 17 Mon	18 Tue	12 Wed	13 Thu	14 Fri	15 Sat	16 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jaime E. Castillo	02a	M	9552 Journey Person	RT			6		4			10	43.28		U E O				432.80	171.87	260.93
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___4_____ pages (with this sheet being page 3), for the period ending _____11/18/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___December_____, 20_14____

(Name of Notary Public)

STAMP

Morgan Crosby

MORGAN KHALFAN
NOTARY PUBLIC STATE OF NEW JERSEY
I.D. No. 2211590
My Commission Expires March 31, 2016

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 305	For Week Ending: 11/11/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
	Legend				Days and Dates									Supplemental Benefits							
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	10 Mon	11 Tue	5 Wed	6 Thu	7 Fri	8 Sat	9 Sun	Total Hours	Rate of Pay per Hour	Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jaime E. Castillo			9552	RT	3	8	5	8	8			32	43.28		U E O						
				OT		2						2	64.92								
	02a	M	Journey Person	ST															1514.80	794.64	720.16
Leslie L. Paul			9552	RT	3		5	8	8			24	43.28		U E O						
				OT																	
	01	M	Journey Person	ST															1038.72	290.48	748.24
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - Indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan___, am an officer of ___Signs and Decal___ ___Corporation___ and hereby certify that the information provided on the attached payroll form consisting of ___4___ pages (with this sheet being page 2), for the period ending ___11/11/2014___ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___December_____, 20_14____

(Name of Notary Public)

STAMP

ABBAS KHALFAN
NOTARY PUBLIC STATE OF NEW JERSEY
I.D. No. 2241680
My Commission Expires March 31, 2018

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 304	For Week Ending: 11/4/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
	Legend				Days and Dates									Supplemental Benefits							
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	3 Mon	4 Tue	29 Wed	30 Thu	31 Fri	1 Sat	2 Sun	Total Hours	Rate of Pay per Hour	Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jaime E. Castillo	02a	M	9552 Journey Person	RT		8	8	8	8			32	43.28		U E O				1384.96	738.68	646.28
				OT																	
				ST																	
Jaime E. Castillo	02a	M	9552 Journey Person	RT											U E O				512.63	104.05	408.58
				OT				5				5	102.525								
				ST																	
Leslie L. Paul	01	M	9552 Journey Person	RT	8	8	8	8	8			40	43.28		U E O				1731.20	588.79	1142.41
				OT																	
				ST																	
Leslie L. Paul	01	M	9552 Journey Person	RT											U E O				512.63	104.07	408.56
				OT				5				5	102.525								
				ST																	
Sandeep Digpal	03b	M	9552 Journey Person	RT				5				5	68.35		U E O				341.75	35.05	306.70
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___4_____ pages (with this sheet being page 1), for the period ending _____11/4/2014_____ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___December_____, 20_14____

(Name of Notary Public)

STAMP

ABBAS KHALFAN
NOTARY PUBLIC, STATE OF NEW JERSEY
I.D. No. 2211690
My Commission Expires March 31, 2018

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 312	For Week Ending: 12/30/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 29 Mon	30 Tue	24 Wed	25 Thu	26 Fri	27 Sat	28 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
No Work Performed				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 5), for the period ending _____12/30/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll record is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___January_____, 20_14____

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 311	For Week Ending: 12/23/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 22 Mon	23 Tue	17 Wed	18 Thu	19 Fri	20 Sat	21 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
No Work Performed				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - Indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___4_____ pages (with this sheet being page 5), for the period ending _____12/23/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___January_____, 20_14____

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 310	For Week Ending: 12/16/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 15 Mon	16 Tue	10 Wed	11 Thu	12 Fri	13 Sat	14 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik	05	M	9552 Journey Person	RT			5		4			9	43.28		U E O				389.52	232.94	156.58
				OT																	
				ST																	
Jaime E. Castillo	02a	M	9552 Journey Person	RT			5		4			9	43.28		U E O				389.52	149.10	240.42
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan___, am an officer of ___Signs and Decal___ ___Corporation___ and hereby certify that the information provided on the attached payroll form consisting of ___5___ pages (with this sheet being page 3), for the period ending ___12/16/2014___ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this ___5th___

day of ___January___, 20_15___

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 309	For Week Ending: 12/9/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 8 Mon	9 Tue	10 Wed	11 Thu	12 Fri	13 Sat	14 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik	05	M	9552 Journey Person	RT					6.25			6.25	43.28		U E O				270.50	153.43	117.07
				OT																	
				ST																	
Jaime E. Castillo	02a	M	9552 Journey Person	RT	8	8			6.25			22.25	43.28		U E O				962.98	465.96	497.02
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan___, am an officer of ___Signs and Decal___ ___Corporation___ and hereby certify that the information provided on the attached payroll form consisting of ___5___ pages (with this sheet being page 2), for the period ending ___12/9/2014___ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this ___5th___

day of ___January___ 20_15___

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 308	For Week Ending: 12/2/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 1 Mon	2 Tue	26 Wed	27 Thu	28 Fri	29 Sat	30 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik	05	M	9552 Journey Person	RT	6.5		1					7.5	43.28		U E O				324.60	189.37	135.23
				OT																	
				ST																	
Jaime E. Castillo	02a	M	9552 Journey Person	RT	6.5		1					7.5	43.28		U E O				324.60	117.77	206.83
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ___Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 1), for the period ending _____12/2/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __3th___

day of __January_____20_15____

(Name of Notary Public)

STAMP

[illegible] KHALFAN
[illegible] NEW JERSEY
[illegible]
My Commission Expires March 31, 2018