Torres Rojas, Genara

From: cjstrucking11@gmail.com
Sent: Monday, August 04, 2014 6:10 PM
To: Duffy, Daniel; American, Heavyn-Leigh
Cc: Torres Rojas, Genara; Van Duyne, Sheree
Subject: Freedom of Information Online Request Form

Information:

First Name: Sonia
Last Name: Simoes
Company: CJS TRUCKING LLC
Mailing Address 1: 491 Delavan Ave
Mailing Address 2:
City: Newark
State: NJ
Zip Code: 07107
Email Address: cjstrucking11@gmail.com
Phone: 8622411545
Required copies of the records: Yes

List of specific record(s):
Please send our company the PDF form for Certification of Payroll to be submitted with application for payment. Thank you Sonia Simoes

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

August 13, 2014

Ms. Sonia Simoes
CJS Trucking LLC
491 Delavan Avenue
Newark, NJ 07107

Re: Freedom of Information Reference No. 15161

Dear Ms. Simoes:

This is in response to your August 4, 2014 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code", copy attached) for a copy of "the PDF form for Certification of Payroll to be submitted with application for payment."

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/15161-O.pdf. Paper copies of the available records are available upon request.

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

Sincerely,

Heavyn-Leigh American
FOI Officer

Attachment

225 Park Avenue South, 17th Floor
New York, NY 10003
T: 212 435 3642
F: 212 435 7555

THE PORT AUTHORITY OF NY & NJ

Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor ☐ or Subcontractor ☐

Address

EIN #

Payroll No.

For Week Ending

Project & Location:

PA Contract Number:

1	2	3	4	5							6	7	8	9	10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits									
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # if Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax	Other	Total Deductions	Net
	J _____ A _____ Class 1, 2 or 3		RT												U E O								
			OT																				
			ST																				
			GT																				
	J _____ A _____ Class 1, 2 or 3		RT												U E O								
			OT																				
			ST																				
			GT																				
	J _____ A _____ Class 1, 2 or 3		RT												U E O								
			OT																				
			ST																				
			GT																				
	J _____ A _____ Class 1, 2 or 3		RT												U E O								
			OT																				
			ST																				
			GT																				
	J _____ A _____ Class 1, 2 or 3		RT												U E O								
			OT																				
			ST																				
			GT																				

Key:

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

NOTE:

1. All persons who performed any construction activity. during the period of the requisition, shall be listed on the Payroll Report.
2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I _____ certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day

_____ of _____, 20_____

Print Name Officer/Designee

Signature

Date

Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, _____ (Name of Signatory), _____ (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by _____ (Name of Contractor), and that 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 _____(name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide 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 as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)	EXPLANATION

ATTACHMENT 9

INSTRUCTIONS FOR THE PREPARATION AND SUBMISSION OF A CERTIFICATION OF PAYROLL

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Certification of Payroll ("Payroll Report").
- The prime contractor and each subcontractor who performed any construction activity during the period of the requisition shall submit separate Payroll Reports.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

PAYROLL REPORT HEADING: The Payroll Report Heading shall require the following information:

- **NAME OF CONTRACTOR/SUBCONTRACTOR**: The legal name of the firm submitting the Payroll Report shall be placed immediately below this designation. Check either the CONTRACTOR or SUBCONTRACTOR box as applicable.
- **ADDRESS**: Insert the current address (i.e., street, city, state, and zip code) of the firm submitting the Payroll Report.
- **TAX I.D. NO.**: Enter the Federal Employer Tax Identification Number of the firm submitting the Payroll Report.
- **PAYROLL NO.**: Enter the Payroll Number of the Contractor or Subcontractor.
- **WEEK ENDING DATE**: Enter the last date of the pay-week (i.e., month, day, year).
- **PROJECT NAME AND LOCATION**: Enter the Project Name and Location where the contract is being performed.
- **CONTRACT NO.**: Enter the Contract Number. This may be obtained from the "Notice of Award" and/or the "Order to Commence Work."

For every employee who performed any construction activity during the period of the Payroll Report, the following information shall be provided:

1. **NAME, ADDRESS, LAST FOUR DIGITS OF THE SOCIAL SECURITY NO.**: The legal name, current address, and the last four digits of the social security number of each employee. (Employers must keep the full social security on file for each of their workers.) If the employee has no social security number, please list his/her IRS Individual Taxpayer Identification Number and mark it "ITIN."
2. **LIST TRADE & CIRCLE WORK CLASSIFICATION**: The Trade identified must be listed on the Prevailing Wage & Supplemental Benefits Schedule included in the Contract. Circle J if the individual is a Journeyperson. Circle A if the person is a Registered Apprentice. Specify and insert the Trade applicable to the work performed by the employee on the line next to the circled 'J' or 'A'. Write in 'H' if the person is a Helper in a trade classification that has Helper rates.
3. **SWAC or TWIC ID # or OFF SITE**: List the employee's SWAC or TWIC ID #. If the employee hasn't been issued a SWAC ID, list "None."
4. **TIME**: RT indicates Regular Time, OT indicates Overtime, ST indicates Shift Time, and GT indicates Guaranteed Time.
5. **DAY AND DATE**: Below this heading, in the first row below the days of the week, enter the appropriate dates that correspond to the dates worked by the employees for the pay period indicated above.
6. **TOTAL HOURS**: Add the hours worked: RT (Regular Time); OT (Overtime); ST (Shift Time); and GT (Guaranteed Time), if applicable [use another row for this purpose]; and enter separate total in this column.
7. **BASE HOURLY RATE OF PAY**: Specify the actual base rate of pay per hour paid to the employee. Do not include supplemental benefits in this amount.
8. **TOTAL BASE PAY**: Total amount earned by the employee, not including benefits.

SUPPLEMENTAL BENEFITS:

9. **HOURLY RATE**: Amount of supplemental benefits paid/provided per hour.
10. **PAID TO**: Circle the appropriate letter: U for Union if benefits paid to a Union. Place the "Local" number next to the U; E for Employee, or O for Other, if benefits are otherwise paid/provided to the employee.
11. **TOTAL PAID**: Total amount of supplemental benefits paid/provided for the workweek to the employee.
12. **GROSS AMOUNT EARNED**: Total amount of Total Base Pay (column 8) plus Supplemental Benefits (column 11).
13. **TAXABLE GROSS WAGES**: Total amount earned for the workweek: This amount comprises the Total Base Pay plus any benefits paid in cash (or check) directly to the employee [i.e., column (8) + column (10) E if Box E is circled and payment made directly to employee]. No other type of benefit should be included in this column's total.
14. **FICA**: Self-explanatory.
15. **WITHHOLDINGS**: Self-explanatory.
16. **OTHER**: Any other deductions, either Voluntary Deductions (i.e., health/life insurance premiums) that the employee has agreed to deduct from gross pay, or Involuntary Deductions, such as a Federal, State or local tax levy or court ordered child support payments or personal bankruptcy proceeding whereby an employee's wages are to be garnished.
17. **TOTAL DEDUCTIONS**: Enter the sum total of all deductions in this column (including: FICA, Federal, State, and Local Taxes, etc.). This does not absolve you from maintaining appropriate tax and other records required by law.
18. **NET**: Total amount of pay after all deductions (i.e., the actual Take-Home-Pay).

CERTIFICATION: If an officer designates another manager to sign on behalf of the firm, a notarized letter must be submitted by the officer to the Port Authority indicating so.