

CLOCKWORK BUILDERS, INC

Certified Payroll

For Period Ending Wednesday, June 11, 2008

Job: 060113 - RIVER DALE COMMUNITY CENTER
 HITCHENS, TEXAS
 community center with meeting facilities, recreation courts and outdoor pavillions

Payroll Number: 5

Certified by _____ on _____

<u>Name, Address</u> <u>SSN & Mar-Sts/#-Exmps</u>		HOURS BY DAY							<u>Total</u> <u>Hours</u>	<u>Hourly</u> <u>Rate</u>	<u>Gross</u> <u>Earned</u>		
		<u>Thu</u> <u>06/05</u>	<u>Fri</u> <u>06/06</u>	<u>Sat</u> <u>06/07</u>	<u>Sun</u> <u>06/08</u>	<u>Mon</u> <u>06/09</u>	<u>Tue</u> <u>06/10</u>	<u>Wed</u> <u>06/11</u>					
RICK U ANDERSON	Craft: LABORER											Check-No: 195015	
9423 MAYBERRY	ST:	8.00	8.00	0.00	0.00	8.00	0.00	8.00	32.00	12.10	387.20	Soc. Sec: 27.39	
SAN ANTONIO, TX 78633	OT:	1.25	0.00	0.00	0.00	3.50	0.00	2.00	6.75		122.52	Medicare: 6.41	
888-88-8888												Federal W/H: 39.51	
JACK A BROWN	Craft: PROJECT SECRETARY											Check-No: 195016	
9144 PAINTED BROOK	ST:	0.00	0.00	0.00	0.00	0.00	0.00	20.00	20.00	12.50	250.00	Soc. Sec: 22.48	
SAN ANTONIO, TX 78333	OT:	0.00	0.00	0.00	0.00	0.00	0.00	6.00	6.00		112.50	Medicare: 5.26	
111-11-1111												Federal W/H: 45.50	
SUSAN B FREEMAN	Craft: CARPENTER											Check-No: 195018	
901 MANNINGTON HEIGHTS BLVD	ST:	9.00	8.00	0.00	0.00	0.00	0.00	0.00	17.00	19.25	327.25	Soc. Sec: 25.65	
SAN ANTONIO, TX 78422	OT:	3.00	1.00	0.00	0.00	0.00	0.00	0.00	4.00		115.51	Medicare: 6.00	
222-22-2222												Federal W/H: 67.57	
SALLY R MILLER	Craft: PROJECT MANAGER											Check-No: 195021	
1400 N. BANKERS BLVD	ST:	0.00	0.00	0.00	0.00	0.00	0.00	20.00	20.00	29.75	595.00	Soc. Sec: 36.89	
SAN ANTONIO, TX 78544	OT:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	Medicare: 8.63	
444-44-4444												Federal W/H: 114.93	
BURT K RANDOLPH	Craft: CARPENTER											Check-No: 195022	
5223 BURGENDY PATH	ST:	8.00	0.00	0.00	0.00	0.00	0.00	8.00	16.00	21.50	344.00	Soc. Sec: 27.33	
SAN ANTONIO, TX 78654	OT:	3.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00		96.75	Medicare: 6.39	
444-44-4444												Federal W/H: 49.70	
BAKER E SMITH	Craft: PAINTER											Check-No: 195023	
8402 W. MULBERRY	ST:	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	17.50	140.00	Soc. Sec: 8.68	
SAN ANTONIO, TX 78222	OT:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	Medicare: 2.03	
444-44-4444												Federal W/H: 13.39	

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Total Job	ST: 33.00	16.00	0.00	0.00	8.00	0.00	56.00	113.00	2,043.45	Soc. Sec:	148.42	
	OT: 7.25	1.00	0.00	0.00	3.50	0.00	8.00	19.75	447.28	Medicare:	34.72	
										Federal W/H:	330.60	

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Date: _____

I, **BEN A. FRANKLIN JR.**, **PAYROLL SUPERVISOR**, do hereby state:

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

CLOCKWORK BUILDERS, INC on the **RIVER DALE COMMUNITY CENTER**

that during the payroll period commencing on **6/5/2008** and ending **06/11/2008**, 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 **CLOCKWORK BUILDERS, INC** 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 Regulations, Part 3 (29 CFR Subtitle A), issued by Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C 276C), and described below:

Social Security tax:	148.42
Medicare Tax:	34.72
Federal Withholding:	330.60

(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 the 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 a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if not such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, 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(c) below.

(b) Where Fringe Benefits are paid in cash

___ Each laborer or mechanic listed in the above reference 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) Exceptions:

BEN A. FRANKLIN JR., PAYROLL SUPERVISOR _____