



PENCOENG
Client Success is Our Success

PROJECT NAME:

Fairview Street

PROJECT LOCATION:

Garden Grove, CA

PENCO ENGINEERING JOB NUMBER:

15024

GARDEN GROVE PROJECT NUMBER:

na

ENCLOSED:

CERTIFIED PAYROLL FOR WEEKS ENDING

- **04/19/15**
- **CONTRACTOR FRINGE BENEFIT STATEMENT**
- **BEHIND EACH CERTIFIED PAYROLL IS A COPY OF PENCO ENGINEERING PAYROLL RECORDS THROUGH PAYCHEX**
- **LAST YOU WILL FIND ANY ADJUSTMENTS THAT MAY BE OWED**

INLAND EMPIRE

255 E. Rincon Street, Suite 114
Corona, CA 92879
951-736-2040 • Fax 951-736-5292

IRVINE

16842 Von Karman Avenue, Suite 150
Irvine, CA 92606
949-753-8111 • Fax 949-753-0775
www.pencoeng.com

SAN DIEGO

11440 West Bernardo Court, Suite 300
San Diego, CA 92127
858-753-1800 • Fax 858-753-1803

CONTRACTOR FRINGE BENEFIT STATEMENT

Project Name: Fairview Street Right of Way	Project Location: Fairview Street, Garden Grove, CA	Today's Date: 4/13/15
Contractor / Subcontractor Name: PENCO Engineering, Inc.	Business Address: 16842 Von Karman Avenue, Suite 150, Irvine, CA 92606	


In order that the proper Fringe Benefit rates can be verified when checking payrolls on the above contract, the hourly rates for fringe benefits, subsistence and/or travel allowance payment made for employees by the employer on the various classes of work are tabulated below. Please **Include Apprentice Rates.**

	Classification:	Effective Date:	Subsistence or Travel Pay:
	Party Chief	4/1/15	\$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ 2.54 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	United Healthcare, Dept 841346, Los Angeles, CA ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055
	Pension \$ N/A _____ hr	Paid To: Name of Plan/Fund/Program: Address:	John Hancock P.O. Box 600, Buffalo, NY 14201-0600
	Vacation/Holiday \$ 4.64 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	Employee _____
	Training \$ 0.90 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	State of California/Dept of Industrial Relations/ California Apprenticeship Council P.O. Box 511283, Los Angeles, CA 90051
	Other \$ _____ hr	Paid To: Name of Plan/Fund/Program: Address:	 _____ _____

	Classification:	Effective Date:	Subsistence or Travel Pay:
	Chainman	4/1/15	\$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ 3.55 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	United Healthcare, Dept 841346, Los Angeles, CA ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055
	Pension \$ N/A _____ hr	Paid To: Name of Plan/Fund/Program: Address:	John Hancock P.O. Box 600, Buffalo, NY 14201-0600
	Vacation/Holiday \$ 2.71 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	Employee _____
	Training \$ 0.90 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	State of California/Dept of Industrial Relations/ California Apprenticeship Council P.O. Box 511283, Los Angeles, CA 90051
	Other \$ _____ hr	Paid To: Name of Plan/Fund/Program: Address:	 _____ _____

Supplemental statements must be submitted during the progress of the work should there be an increase or change in rates. Use additional sheets as necessary. (Attach a copy of your most recent premium transmittal (including copy of check submitted) into each of the above plans/funds/programs or a letter from the above plans/funds/programs reflecting current payment status).

I certify under penalty of perjury that fringe benefits are paid to the approved plans, funds or programs as listed above.

Print Name and Title Gina Ortega, Accounting/HR Manager	Signature and Date (Wet Signature Required)  10.7.16
--	---

U.S. Department of Labor
Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

PAYROLL



U.S. Wage and Hour Division
Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 02/28/2018

NAME OF CONTRACTOR OR SUBCONTRACTOR **PENCO ENGINEERING, INC.**

PAYROLL NO. **1 - FINAL** FOR WEEK ENDING **04/19/2015**

PROJECT AND LOCATION **FAIRVIEW STREET RIGHT OF WAY, GARDEN GROVE, CALIFORNIA**

ADDRESS **16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606**

PROJECT OR CONTRACT NO. **PENCO JIN #15024**

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
			M	T	W	TH	F	S	S				FICA	WITH-HOLDING TAX	STATE	SDI	OTHER		TOTAL DEDUCTIONS	
			13	14	15	16	17	18	19											
JEREMY ADAMS 6579	10	PARTY CHIEF		2.00						2.00	\$65.87	\$307.38	\$256.74	\$170.68	\$137.98	\$20.08	\$73.47	\$658.95	\$1,578.49	
RANDOLPH CALAWAY 2991	3	CHAIRMAN		2.00						2.00	\$61.25	\$285.82	\$191.76	\$141.41	\$59.99	\$16.64	\$61.89	\$471.69	\$1,382.99	
												\$1,854.68								

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 10.7.16

I, GINA ORTEGA ACCOUNTING/HR MANAGER
 (Name of Signatory Party) (TITLE)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by PENCO ENGINEERING, INC. on the FAIRVIEW STREET RIGHT OF WAY (Contractor or Subcontractor) that during the payroll period commencing on the 13th day of April 2015, and ending the 19th day of April 2015, 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 PENCO ENGINEERING, INC. from the full (Contractor or Subcontractor)

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 C.F.R. Subtitle A), issued by the 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. § 3145), and described below:

(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 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 no 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.

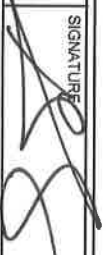
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above 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) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE: GINA ORTEGA, ACCOUNTING/HR MANAGER SIGNATURE: 

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 04/24/2015
PERIOD BEGIN 04/06/2015 PERIOD END 04/19/2015

EMPLOYEE NAME ID SSN STATE/FREQ STS LOCATION	EARNINGS DESCR	PAY RATE	HOURS	CURRENT AMOUNT	YTD AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
ADAMS, JEREMY 1167 XXX-XX-XXXX CA CA CA 26 S10/S10 400 44.6300 Hourly	1 REGULAR	431000	2400	103440	2717914	C9 CHECKING NE	317398	2561541	FEDERAL	51348	336049	000
	1 REGULAR	646500	5280	232076	2717914	F1 24HR FITNES	300	2700	OASDI	27666	216269	DIRDEP
	2 OVERTIME	668450	800	51720	431916	K1 401K LOAN	-2000	6029	MEDICARE	6470	50579	
	2 OVERTIME		900	60251	431916	RI REIMBURSE		-18000	CA STATE	27596	196684	
DEPARTMENT TOTAL	VP VIS 125		79375	-2158	-15682		2556647	18196897		1666682	9861412	
				4884257	2887014							
				5159843	31038224							

NEW YORK LLC

PHONE (800)829-4807

FAX (855)271-55

**PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887**

**CHECK DATE 04/24/2015
PERIOD BEGIN 04/06/2015 PERIOD END 04/19/2015**

**04/23/2015
PAGE 7**

EMPLOYEE NAME ID SSN STATE/FRO STS LOCATION	EARNINGS DESCR	PAY RATE	CURRENT HOURS	AMOUNT	YTD HOURS	AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
Last Check Date 04/24/2015	H HOLIDAY S SICK V VACATION 1P MED 125 DP DEN 125 K1 401K EE VP VIS 125									CA SDI	4016	31394	
			9300	432794	77300	3383285		315698	2552270		117096	830975	
EMPLOYEE TOTAL				447487		3498340							

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 04/24/2015
PERIOD BEGIN 04/06/2015 PERIOD END 04/19/2015

04/23/2015
PAGE 8

EMPLOYEE NAME ID SSN STATE/FREQ STS LOCATION	EARNINGS DESCR	PAY RATE	HOURS	CURRENT AMOUNT	YTD AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
CALAWAY, RANDOLPH 169 XXX-XX-XXXX CA CA CA 26 M3/M3 400 34, 1300 Hour Ly Last Check Date 04/24/2015	1 REGULAR	4094.00	52.00	1774.76	641.00	C9 CHECKING NE	234.003	1757.991	FEDERAL	3835.1	2697.09	000
	2 OVERTIME	5119.50	24.00	982.56	641.00	CS CHILDR SUPRT	426.00	3834.00	OASDI	2292.1	1741.52	DIRDEP
	H HOLIDAY	6141.00	9.00	4607.6	67.00				MEDICARE	536.0	4072.4	
	S SICK		8.00	4912.8	32.00				CA STATE	1199.7	7288.6	
	V VACATION			-194	8.00				CA SDI	332.7	2527.6	
	1P MED 125			-765								
	DP DEN 125			-1112.8								
	K1 401K EE			-290								
	VP VIS 125			-2320								
	EMPLOYEE TOTAL			93.00	3585.59	780.00		2766.03	2141.291		8195.6	5827.27

JEREMY ADAMS

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 04/19/15	4.00	43.10	(172.40)
Previously Paid Prevailing Wage OT WE 04/19/15	2.00	64.650	(129.30)
CORRECTED Prevailing Wage Straight Time WE 04/19/15	4.00	43.91	175.64
CORRECTED Prevailing Wage OT WE 04/19/15	2.00	65.87	<u>131.74</u>
			5.68
		Total	5.68
Deductions:			
		GROSS	5.68
Medicare			0.08
OASDI			0.35
Federal withholdings			0.57
Ca. withholdings			0.17
SDI			0.07
			<u>1.24</u>
Sub Total			<u>1.24</u>
		Net	\$ <u>4.44</u>

RANDOLPH CALAWAY

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 04/19/15	4.00	40.94	(163.76)
Previously Paid Prevailing Wage OT WE 04/19/15	2.00	61.410	(122.82)
CORRECTED Prevailing Wage Straight Time WE 04/19/15	4.00	40.83	163.32
CORRECTED Prevailing Wage OT WE 04/19/15	2.00	61.25	<u>122.50</u>
			(0.76)
		Total	(0.76)
Deductions:			
		GROSS	(0.76)
Medicare			(0.01)
OASDI			(0.05)
Federal withholdings			(0.08)
Ca. withholdings			(0.02)
SDI			(0.01)
			<u> </u>
Sub Total			<u>(0.17)</u>
		Net	\$ (0.59)