

### **PROJECT NAME:**

### 12041/12042 Falling Leaf

PROJECT LOCATION:

**Garden Grove, CA** 

PENCO ENGINEERING JOB NUMBER:

15039

**GARDEN GROVE PROJECT NUMBER:** 

na

**ENCLOSED:** 

### **CERTIFIED PAYROLL FOR WEEKS ENDING**

- 07/26/15 through 09/13/15
- 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

### CONTRACTOR FRINGE BENEFIT STATEMENT

Project Name:	Project Location:	Today's Date:
12041 & 12042 Falling Leaf Circle ALTA	12041/12042 Falling Leaf, Garden Grove, CA	7/20/15
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.

	ide Apprentice Rates.	1	
Clas	sification:	Effective Date:	Subsistence or Travel Pay:
Party	Chief	7/1/15	\$
	Health & Welfare	Paid To: Name of Plan/Fund/Program:	United Healthcare, Dept 841346, Los Angeles, CA
FITS	\$hr	Address:	ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055
BENEFITS	Pension	Paid To: Name of Plan/Fund/Program:	John Hancock
		Address:	P.O. Box 600, Buffalo, NY 14201-0600
FRINGE	Vacation/Holiday	Paid To: Name of Plan/Fund/Program:	Employee
PAID F	\$hr	Address:	
ER P/	Training br	Paid To: Name of Plan/Fund/Program:	State of California/Dept of Industrial Relations/ California Apprenticeship Council
EMPLOYER	\$hr	Address:	P.O. Box 511283, Los Angeles, CA 90051
EMP	Other	Paid To: Name of Plan/Fund/Program:	
	\$hr	Address:	

Classification:	Effective Date:	Subsistence or Travel Pay:
Chainman	7/1/15	\$
Health & Welfare	Paid To: Name of Plan/Fund/Program:	United Healthcare, Dept 841346, Los Angeles, CA
\$ s.55 hr	Address:	ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055
Signature Signat	Paid To: Name of Plan/Fund/Program:	John Hancock
nr nr	Address:	P.O. Box 600, Buffalo, NY 14201-0600
Vacation/Holiday	Paid To: Name of Plan/Fund/Program:	Employee
\$\frac{2.71}{\text{Training}} \text{hr}	Address:	
Training	Paid To: Name of Plan/Fund/Program:	State of California/Dept of Industrial Relations/ California Apprenticeship Council
\$ 0.90 hr  Other	Address:	P.O. Box 511283, Los Angeles, CA 90051
Other	Paid To: Name of Plan/Fund/Program:	
\$hr	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	y under pena	ity of perju	ry that fring	je benefits are pa	aid to the approved	plans, funds or	prog	ırams as li	sted at	ove.
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Signature and Date (Wet Signature Required) **Print Name and Title** 10-7.16 Gina Ortega, Accounting/HR Manager

### U.S. Department of Labor

Wage and Hour Division

### **PAYROLL**

# (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR   OR SUBCONTR	ACTOR I	7													10000
	OENG	PENCO ENGINEERING, INC.				SOUTH IN	IRVINE, O	ADDRESS 16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	AVENUE	SUITE 15	0			OMB No.: Expires:	OMB No.: 1235-0008 Expires: 02/28/2018
PAYROLL NO.		FOR WEEK ENDING				PROJEC	CT AND LOCAT!	ON				PROJECT O	PROJECT OR CONTRACT NO.	,	
			07/	07/26/2015		1204: GRO	12041 & 12042 FALLIN GROVE, CALIFORNIA	12041 & 12042 FALLING LEAF CIRCLE ALTA, GARDEN GROVE, CALIFORNIA	CIRCLE	ALTA, GA	RDEN	PENCO	PENCO JN #15039		
3	(2)	(3)		(4) DAY AND DATE	DATE	(5)	(6)	(7)							(9)
	DLDING FIONS			HI W T M	F S S						DEDL	(8) DEDUCTIONS			
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY	O, OF /ITHHO XEMP	WORK	ОТ, С	20 21 22 23	26	OTAL P	RATE	GROSS		HOI DING				TOTAL	WAGES
NOMBER) OF WORKER	N N E	CLASSIFICATION	ļ	HOURS WORKED EACH DAY		HOURS	OF PAY	EARNED	FICA	TAX	STATE	SDI	OTHER	DEDUCTIONS	771
JEREMY ADAMS 6579	5	PARTY CHIEF	0	1.00		1.00	\$65.87	\$153.69							
	5		w	2.00		2.00	43.91	\$2,075.30	\$219.01	\$158.76	\$122.54	\$18.68	\$62.26	\$581.25	\$1,494.05
RANDOLPH CALAWAY 2991	ω	CHAINMAN	0	1,00		1.00	\$61.25	\$142.91							
			ω	2.00		2.00	40.83	\$1,638.24	\$101.20	\$125.33	\$44.54	\$14.75	\$49.15	\$394.97	\$1,243.27
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While completion of Form WH-347 is optional if is mandatory for covered contractors and sub-	יטעי קטור טטי	vered contractors and subs	antino.		To describe a										

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 each 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. (40 U.S.C. § 3145) contractors and subcontractors are subcontractors performing work on +ederally financed or assisted construction contracts to respond to the information collection contracts to 75 on 15 on 15

### **Public Burden Statement**

We estimate that is 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)

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. 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. with the Bureau of Apprenticeship and Training, United States Department of Labor. 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 been or will be made either directly or indirectly to or on behalf of said all persons employed on said project have been paid the full weekly wages earned, that no rebates have Date do hereby state: 20th (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship (2) That any payrolls otherwise under this contract required to be submitted for the above period are (4) That: 12041 & 12042 FALLING LEAF CIRCLE (1) That I pay or supervise the payment of the persons employed by (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS day of (Name of Signatory Party) (Building or Work) GINA ORTEGA 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, PENCO ENGINEERING, INC. PENCO ENGINEERING, INC. (Contractor or Subcontractor) (Contractor or Subcontractor) 2015 , and ending the 26th \_; that during the payroll period commencing on the ACCOUTING/HR MANAGER day of (Title) July from the full 2015 on the

except as noted in section 4(c) below

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

### (c) EXCEPTIONS

INAME AND TITLE  GINA ORTEGA, ACCOUNTING/HR MANAGER  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.		REMARKS:				EXCEPTION (CRAFT)
SIGNATURE  TEMENTS MAY SUBJECT-THE CONTRACTOR OR TEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE						EXPLANATION
	1					

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

## CHECK DATE 07/31/2015 PERIOD BEGIN 07/13/2015 PERIOD END 07/26/2015

07/30/2015 PAGE 6

TATAL	EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION
	EARN INGS DESCR
-	PAY RATE
8600	CU HOURS
	CURRENT HOURS AMOUNT
<u> </u>	HOURS
3096974	YTD AMOUNT
W.	DEDUCTIONS
	CURRENT AMOUNT
	YTD AMOUNT
	TAXES
70000	CURRENT
559380	YTD AMOUNT
	NET PAY

ADAMS, JEREMY 1167 XXX-XXX-XXX CA CA CA 26 \$10/\$10 400 44.6300 Hourly Last Check Date 07/31/2015	
1 REGULAR 2 OVERTIME H HOLIDAY S SICK V VACATION 1P MED 125 DP DEN 125	
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307947 53556 17852 35704	3871384
114900 10600 4800 2400 7700	
5049635 C9 CHECKING NE 699637 FI 24HR FITNES 207408 K1 401K LOAN 104556 RI REIMBURSE 340030 -2962 -13666	58496870
288453 300 12058 -2000	ZUCOYC2
4609629 FEDERAL 4800 OASDI 54261 MEDICARE -32000 CA STATE CA SDI	54655652
43801 25734 6018 24507 3736	1212635
639426 395600 92519 366914 57428	18257412
DIRDEP	

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NET PAY CHECK NO	YTD AMOUNT	CURRENT	TAXES	YTD AMOUNT	CURRENT	DEDUCTIONS DESCR	YTD AMOUNT	HOURS	CURRENT HOURS AMOUNT	CUI	PAY	EARNINGS DESCR	EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION

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

## CHECK DATE 07/31/2015 PERIOD BEGIN 07/13/2015 PERIOD END 07/26/2015

PAGE	07/30/20
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AMOUNT AMOUNT CHECK NO	AMOU	AMOUNT	DESCR	AMOUNT	HOURS	HOURS AMOUNT	HOURS	RATE	DESCR	ID SSN STATE/FRQ STS LOCATION
YTD TAXES CURRENT YTD N	<b>*</b>	CURRENT	DEDUCTIONS	ALLA	~	CURRENT	CUR	PAY	EARNINGS	EMPLOYEE NAME

32240 4891U5 20314 313149 4751 73236 8907 132795 2949 45456 69161 1053739	70007867	445162 2503	74086 578508	FEDERAL	0.0000				- Leonard						
1 REGULAR 7600 259388 117100 4045729 C9 CHECKING NE 206058 3163396 FEDERAL 32240 489105 2 OVERTIME 51950 800 40956 10700 558841 CS CHILD SUPRT 42600 681600 0ASD 1 20374 313149 H HOLIDAY 51950 800 158608 S SICK 2400 81260 CA STATE 8907 132795 V VACATION 800 27304 6600 223954 CA SD1 2949 45456 PD DEN 125 -0829 -152051 CA SD1 2949 45456 VP VIS 125 -9829 -4060 -4060		1053/39	69161	8	38449	248658		4898735 5068392	141600	317819 327648	9200			EMPLOYEE TOTAL	
1 REGULAR 7600 259388 117100 4045729 C9 CHECKING NE 206058 3163396 FEDERAL 32240 489105 2 OVERTIME 51950 800 40956 10700 558841 CS CHILD SUPRT 42600 681600 0ASDI 20314 313149 H HOLIDAY 4800 158608 S SICK 2400 81260 CA STATE 8907 132795 V VACATION 800 27304 6600 223954 CA SDI 2949 45456 DP DEN 125 -10818					**************			-152051 -4060		-9829			K1 401K EE VP VIS 125		
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1 REGULAR 7600 259788 117100 40457799 C9 CHECKING NE 2046789 3147704 EEDEDAI 73740	DIRE	313149	20314	O OASDI	68160	42600	CS CHILD SI	558841	10700	40956	800	511950	2 OVERTIME	59 XXX-XX-XXXX CA CA CA	16
UI J'ATIMAN		18tylogy	חובכד	PEDERA!	276220	20808	C9 CHECKING	4045729	117100	259388	7600		1 REGULAR	ALAWAY, RANDOLPH	Q
								01//							i



### Manual Check

			Hours	Rate		Total
Previously Paid Prevailing W	ge Straight Time WE 07/26/15		2.00 1.00 2.00 1.00	34.13 51.195 40.83 61.25		(68.26) (51.20) 81.66 61.25 23.46
Deductions:		Total				23.46
		GROS	S			23.46
	Medicare					0.34
	OASDI					1.45
	Federal withholdings					2.35
	Ca. withholdings					0.70
	SDI					0.28
					:(1	
	Sub Total					5.12
		Net			\$	18.33

Payroll Number: 2
I, Gina Ortega Accounting/HR Manager do hereby state that
NO PERSONS employed by PENCO Engineering, Inc. performed work on (Name of submitting company)
the construction project known as 12041 & 12042 Falling Leaf Circle ALTA
for the payroll period commencing on the 27th date of week) day of July (month), 2015
and ending on the 2nd (last date of week) day of (month), 2015.
Signature of Authorized Person
70-7-16 Date

Payroll Number: 3
I, Gina Ortega Accounting/HR Manager do hereby state that
NO PERSONS employed by PENCO Engineering, Inc. performed work on (Name of submitting company)
the construction project known as 12041 & 12042 Falling Leaf Circle ALTA
for the payroll period commencing on the 3rd day of August (month), 2015
and ending on the 9th (last date of week) day of August (month), 2015
Signature of Authorized Person
70-7-16 Date

Payroll Number: 4
I, Gina Ortega Accounting/HR Manager do hereby state that
NO PERSONS employed by PENCO Engineering, Inc. performed work on (Name of submitting company)
the construction project known as 12041 & 12042 Falling Leaf Circle ALTA
for the payroll period commencing on the 10th day of August (month), 2015
and ending on the 16th (last date of week) day of August (month), 2015
Signature of Authorized Person
10-7.16
Date

Payroll Number: 5
I, Gina Ortega Accounting/HR Manager do hereby state that
NO PERSONS employed by PENCO Engineering, Inc. performed work on (Name of submitting company)
the construction project known as 12041 & 12042 Falling Leaf Circle ALTA
for the payroll period commencing on the 17th day of August (month), 2015
and ending on the 23rd (last date of week) day of (month), 2015.
Signature of Authorized Person
70 7-16 Date

Payroll Number: 6
I, Gina Ortega Accounting/HR Manager do hereby state that
NO PERSONS employed by PENCO Engineering, Inc.  (Name of submitting company) performed work on
the construction project known as 12041 & 12042 Falling Leaf Circle ALTA
for the payroll period commencing on the 24th day of August (month), 2015
and ending on the 30th (last date of week) day of (month) (ast date of week)
Signature of Authorized Person  10-7-16
Date

Payroll Number: 7
I, Gina Ortega Accounting/HR Manager do hereby state that
NO PERSONS employed by PENCO Engineering, Inc. performed work on (Name of submitting company)
the construction project known as 12041 & 12042 Falling Leaf Circle ALTA
for the payroll period commencing on the 31st date of week) day of August (month), 2015
and ending on the 6th (last date of week) day of (month) 2015
Signature of Authorized Person  10- 7-16
Date

### U.S. Department of Labor

Wage and Hour Division

### **PAYROLL**

# (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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NAME OF CONTRACTOR OR SUBCONTRACTOR 7	ACTOR I	7						o oction tion	JiiiDCi.			Rev. Dec. 2008	: 2008
	O ENG	PENCO ENGINEERING, INC.		AUUKESS		16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	VENUE	SUITE 15	ō			OMB No.	OMB No.: 1235-0008
		FOR WEEK ENDING		PROJECT	PROJECT AND LOCATION	S				PROJECT	PROJECT OR CONTRACT NO	1000	05/20/2010
8-FINAL			09/13/2015	12041 8 GROVE	12041 & 12042 FALLING GROVE, CALIFORNIA	A	CIRCLE	LEAF CIRCLE ALTA, GARDEN	RDEN	PENCO	PENCO JN #15039	Š	
3	(2)	(3)	(4) DAY AND DATE	(5)	(6)	(7)							(9)
NAME AND INDIVIDUAL IDENTIFYING NI IMBER	OLDING TIONS		M T W TH F S S						DED	(8) DEDUCTIONS			3
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO, OF WITHH EXEMP	WORK	7	TOTAL	RATE	GROSS AMOUNT		WITH-				TOTAL	WAGES
JEREMY ADAMS		PARTY CHIEF	0 8.00			\$878.24	ECA	TAX	500	301	OTHER	DEDUCTIONS	1-73
	10		8.00	8.00	43.91		\$285.01	\$179.60	\$149.55	\$21.13	\$77.19	\$712.48	\$1,641.76
WILLIAMS BAEGA		CHAINIMAN		7		47.400,76							
7750	თ	CHAINMAN	8.00	8.00	\$61.25	\$0.0.04	966 01						
			88	8.00 40.83	.83	\$1,042.75	\$30.01	\$/9.69	\$8.83	\$9.38	\$1.11	\$155.02	\$887.73
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while completion of Form WH-347 is optional. It is mandatory for covered contri	ישר נטג כטו	wered contractors and sub-				-							

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 contraction contraction 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 each 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 is 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)

(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. program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and 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. with the Bureau of Apprenticeship and Training, United States Department of Labor. all persons employed on said project have been paid the full weekly wages eamed, that no rebates have been or will be made either directly or indirectly to or on behalf of said Date Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered do hereby state: 7th (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship (4) That: 12041 & 12042 FALLING LEAF CIRCLE (1) That I pay or supervise the payment of the persons employed by (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS day of (Name of Signatory Party) (Building or Work) September GINA ORTEGA 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, PENCO ENGINEERING, INC. (Contractor or Subcontractor) PENCO ENGINEERING, INC. (Contractor or Subcontractor) 2015 and ending the 13th day of September \_; that during the payroll period commencing on the ACCOUTING/HR MANAGER (Title) from the full 2015 on the

except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

		T
in the contract, except as noted in section 4(c) below.	as inucated on the payroli, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed	Each laborer or mechanic listed in the above referenced payroll has been paid

### (c) EXCEPTIONS

	7.1		 			
NAME AND TITLE  GINA ORTEGA, ACCOUNTING/HR MANAGER  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.	REMARKS	DELLA DIO				EXCEPTION (CRAFT)
SIGNATURE  SIGNATURE  TEMENTS MAY SUBJECT THE CONTRACTOR OR  EE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE						EXPLANATION

PAYROLI PENCO ENC	ID SSN STATE/			
PAYROLL REGISTER - MUI PENCO ENGINEERING INC - 5887	EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION			
MULTI STATE	EARN INGS DESCR			1 REGULAR
TATE	PAY RATE	0000000		669450
CHI	CURRENT HOURS AM	1000		8400 37 900 6 800 3
CHECK DATE PERIOD BEGIN	OUNT	0000		374892 148400 60251 11700
09/25/2015 09/07/2015 1	YTD HOURS AMOUNT			6544261 773337
09/25/2015 09/07/2015 PERIOD END 09/20/2015	DEDUCTIONS DESCR			C9 CHECKING NE
/20/2015	CURRENT AMOUNT		1	317996 300 12058
	AMOUNT			5749344 6000 102493
	TAXES DESCR			5749344 FEDERAL 6000 OASDI 102493 MEDICARE
	CURRENT AMOUNT			57002 29111 6808
09/2 P.	YTD AMOUNT	-		808336 496935 116218
09/23/2015 PAGE 6	NET PAY CHECK NO			OOO DIRDEP

YEX NEW YORK LLC

PHONE (800)829-4807

FAX (855)27/----35

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

## CHECK DATE 09/25/2015 PERIOD BEGIN 09/07/2015 PERIOD END 09/20/2015

PAGE	09/23/201
7	G

EMPLOYEE TOTAL	BAEGA, WILLIAMS  178 XXX-XX-XXXX CA CA CA 26 M5/M5 400  21.5000 Hourly  Last Check Date 09/25/2015	EMPLOYEE TOTAL	44.6300 Hourly Last Check Date 09/25/2015	EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION
	1 REGULAR 2 OVERTIME 3 H HOLIDAY S SICK V VACATION 1P MED 125 DP DEN 125		S SICK V VACATION 1P MED 125 DP DEN 125 K1 401K EE VP VIS 125	EARNINGS DESCR
	12 25 06			PAY
9300	800 800	10100		CUR
208329 208550	165550 25800 17200 -212 -009	455410 470847	-203 -819 -14125	CURRENT S AMOUNT
162000	151700 23700 5600 1600 800	176600	2400 8500	HOURS
3301175 3304925	3074350 74175 104800 34400 17200 -3600 -150	77773833 8041000	104556 375734 -3774 -16942 -241231	YTD AMOUNT
ř	F1 24HR FITNES	ï	RI REIMBURSE	DEDUCTIONS DESCR
308	,	328354	-2000	CURRENT
6000	6000	5817837	-40098	YTD AMOUNT
	FEDERAL OASDI MEDICARE CA STATE CA SDI	i	CA STATE CA SDI	TAXES DESCR
30779	11201 12916 3021 1766 1875	127056	29909 4226	CURRENT
400891	112305 204671 47867 6340 29708	1955996	462368 72139	YTD
	177250 4984000655			NET PAY CHECK NO

BAKALAR DAVID

### Manual Check

			Hours	Rate	Total
Previously Paid Prevailing W	age Straight Time WE 09/13/15		8.00 8.00 8.00 8.00	21.50 32.250 40.83 61.25	(172.00) (258.00) 326.64 490.00 386.64
Deductions:		Total			386.64
		GROS	S		386.64
	Medicare				5.61
	OASDI				23.97
	Federal withholdings				38.66
	Ca. withholdings				11.60
	SDI				4.64
	Sub Total				 84.48
		Net			\$ 302.16