

PROJECT NAME:

Larson Avenue Street Improvement

PROJECT LOCATION:

Garden Grove, CA

PENCO ENGINEERING JOB NUMBER:

15027

GARDEN GROVE PROJECT NUMBER:

na

ENCLOSED:

CERTIFIED PAYROLL FOR WEEKS ENDING

- 05/31/2015
- 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: Larson Avenue Street Improvements	Project Location: Larson Avenue, Garden Grove, CA	Today's Date: 5/25/15
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.

	sification:	Effective Date:	Subsistence or Travel Pay:				
	/ Chief	5/1/15	Subsistence of Travel Pay.				
	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				
	\$hr	Address:	P.O. Box 600, Buffalo, NY 14201-0600				
FRINGE	Vacation/Holiday	Paid To: Name of Plan/Fund/Program:	Employee				
	\$hr	Address:					
R PAID	Training	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:					

l	sification:	Effective Date:	Subsistence or Travel Pay:
Chair	nman	5/1/15	\$
(0	Health & Welfare	Paid To: Name of Plan/Fund/Program:	United Healthcare, Dept 841346, Los Angeles, CA
H	*	Address:	ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055
BENEFITS	Pension \$ N/A hr	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	\$ <u></u> hr	Address:	
ER P	Training \$ 0.90 hr	Paid To: Name of Plan/Fund/Program:	State of California/Dept of Industrial Relations/ California Apprenticeship Council
ΓO	\$ hr	Address:	P.O. Box 511283, Los Angeles, CA 90051
EMPLOYER	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).

certify L	under penalty	of periury	that frince	ie benefits are i	paid to the ap	proved plans.	funds or programs as listed above.
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Print Name and Title	Signature and Date (Wet Signature Required)
Gina Ortega, Accounting/HR Manager	10.7.16

Wage and Hour Division U.S. Department of Labor

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

PAYROLL

U.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 SUBCONTRA	TOP !				the state of the s		vand Civil Control number.	moer.			Rev. Dec. 2008	2008
	O ENG	PENCO ENGINEERING, INC.		IRVINE,	16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	AVENUE	SUITE 1	90			OMB No	OMB No.: 1235-0008
		FOR WEEK ENDING		PROJECT AND LOCATION	TION				J TOEI Odd	JONE DAY	CApiles.	01/02/2010
1-FINAL			05/31/2015	LARSON AVENUE STREET IMPROVEMENTS, GARDEN GROVE. CALIFORNIA	JE STREET IN	MPROVE	MENTS, G	ARDEN	PENCO.	PENCO JN #15027	, O	
3	(2)	(3)	(4) DAY AND DATE	(5) (6)	3							(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER	DLDING 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 WITHHO EXEMP	WORK	6 25 26 27 28 29 30 31	TOTAL RATE	GROSS		HOLDING	STATE	9		TOTAL	WAGES
JEREMY ADAMS		PARTY CHIEF	0		\$966.02	3	Ā			OTHER	DEDUCTIONS	FOR WEEK
	10		8.00 8.00 6.00	22.0(43.91	\	\$230.95	\$162.55	\$127.43	\$19.13	\$70.28	\$610.34	\$1,520.75
RANDOLPH CALAWAY 2991	υ .	CHAINMAN	0	\$61.25	\$898.26							
			S 8.00 8.00 6.00	22.00 40.83	\$1.629.71	\$159.03	\$124.20	\$43.58	\$14.61	\$55.14	\$396.56	\$1,233.15
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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 contrained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act	ary for cov	vered contractors and subco	ntractors performing work on Federally financiated construction contracts to "financial"	ad or assisted construction	on contracts to respo	ond to the in	formation colle	ction contain	ed in 29 C.F.R	. §§ 3.3, 5.5(a)	. The Copeland	Agr

(40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the proceding 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.

(over)

Date 10-7-14
I, GINA ORTEGA ACCOUTING/HR MANAGER
(Name of Signatory Party) (Title)
(1) That I pay or supervise the payment of the persons employed by PENCO ENGINEERING, INC.
(Contractor or Subcontractor) LARSON AVE STREET IMPROVEMENTS that during the payoff community of the
(Building or Work) 25th day of May 2015 and ending the 31st day of May 2015
yed on said project have been paid the full weekly wages eamed, that no rebates ade either directly or indirectly to or on behalf of said
(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

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

(c) EXCEPTIONS

NAME AND TITLE GINA ORTEGA, ACCOUNTING/HR MANAGER THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBJECT THE CONTRACTOR OR STATES CODE. 31 OF THE UNITED STATES CODE.	KEMAKKO	Principle of the state of the s				EXCEPTION (CRAFT)
SIGNATURE SIGNAT						EXPLANATION

PAYROLL REGISTER - MULTI STATE PENCO ENGINEERING INC - 5887

EMPLOYEE NAME

ID SSN STATE/FRQ STS LOCATION

EARNINGS DESCR

RATE PAY

HOURS

AMOUNT

HOURS

AMOUNT

DESCR DEDUCTIONS

CURRENT AMOUNT

AMOUNT DESCR

YTD TAXES

CURRENT AMOUNT

YTD AMOUNT

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05/18/2015	06/05/2015
PERIOD END	O1
05/31/2015	

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	1104377	445885 287963 67346 261381 41802	
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PENCO ENGINEERING INC - 5887

ID SSN STATE/FRQ STS LOCATION

EARNINGS DESCR

EMPLOYEE NAME

CHECK DATE 06/05/2015 PERIOD BEGIN 05/18/2015 PERIOD END 05/31/2015

1

RATE PAY HOURS CURRENT AMOUNT HOURS TTD AMOUNT DESCR DEDUCTIONS CURRENT AMOUNT AMOUNT DESCR **T**T TAXES CURRENT AMOUNT AMOUNT **OL**

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12184 16433	00000			OIRCE	2		5000000		

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RANDOLPH CALAWAY

Manual Check Hours Rate Total Previously Paid Prevailing Wage Straight Time WE 05/31/15 22.00 34.13 (750.86)Previously Paid Prevailing Wage OT WE 05/31/15 CORRECTED Prevailing Wage Straight Time WE 05/31/15 22.00 40.83 898.26 CORRECTED Prevailing Wage OT WE 05/31/5 147.40 Total 147.40 Deductions: **GROSS** 147,40 Medicare 2.14 **OASDI** 9.14 Federal withholdings 14.74 Ca. withholdings 4.42 SDI 1.77 Sub Total 32.21

Net

115.19