



PENCOENG
Client Success is Our Success

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**

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: 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.

	Classification:	Effective Date:	Subsistence or Travel Pay:
	Party Chief	5/1/15	\$ _____
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	5/1/15	\$ _____
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
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PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

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

EMPLOYEE NAME	EARNINGS	PAY	CURRENT	YTD	DEDUCTIONS	CURRENT	YTD	TAXES	CURRENT	YTD	NET P
ID SSN STATE/FREQ STS LOCATION	DESCR	RATE	HOURS	AMOUNT	HOURS	AMOUNT	AMOUNT	DESCR	AMOUNT	AMOUNT	CHECK

ADAMS, JEREMY 1167 XXX-XX-XXXX CA CA CA 26 S10/S10 400 44.6300 Hourly Last Check Date 06/05/2015	1 REGULAR	668450	8300	370429	83500	3648283	305853	3414793	46190	445885	
	2 OVERTIME		300	20084	7900	518945	300	3600	26347	287983	
	H HOLIDAY		800	35704	4000	171704		6039	6152	67346	
	S SICK				2000	86704	-2000	-24000	25483	261381	
	V VACATION				5300	232918			3823	41802	
	1P MED 125					-2343					
	DP DEN 125					-8415					
	K1 401K EE					-139757					
	VP VIS 125					-3190					
	EMPLOYEE TOTAL			9400	412152	102700	4504799	304153	3400422	108009	1104577
			7200	426217	89600	4658504	300	3600	41802	41802	
				154800	1739200	FI 24HR FITNES		FEDERAL			

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	-	-	-
			<u>147.40</u>
	Total		147.40
Deductions:			
	GROSS		147.40
Medicare			2.14
OASDI			9.14
Federal withholdings			14.74
Ca. withholdings			4.42
SDI			1.77
			<u>32.21</u>
Sub Total			<u>32.21</u>
	Net		\$ 115.19