

PROJECT NAME:

Twintree at Harbor

PROJECT LOCATION:

Garden Grove, CA

PENCO ENGINEERING JOB NUMBER:

15045

GARDEN GROVE PROJECT NUMBER:

na

ENCLOSED:

CERTIFIED PAYROLL

- CONTRACTOR FRINGE BENEFIT STATEMENT
- Week Ending 09/20/2015 through 02/21/2016
- 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: Site C Project, Garden Grove	Project Location: Twintree at Harbor, Garden Grove, CA	Today's Date: 9/14/15
	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.

	cification	Effective Date:	Cubaistanas on Tuesd David
	sification:	Effective Date:	Subsistence or Travel Pay:
Party	Chief	9/1/15	\$
	Health & Welfare	Paid To: Name of Plan/Fund/Progra	united Healthcare, Dept 841346, Los Angeles, CA
FITS	\$ <u>2.54</u> hr	Addre	ACEC Life/Health Trust Dept CH 14392 Palating II 60055
BENEFITS	Pension	Paid To: Name of Plan/Fund/Progra	John Hancock
	\$hr	Addre	P.O. Boy 600 Buffalo, NV 14201 0600
FRINGE	Vacation/Holiday	Paid To: Name of Plan/Fund/Progra	Employee
	\$ hr		-
7		Addre	SS:
R PAID	Training	Paid To: Name of Plan/Fund/Progra	State of California/Dept of Industrial Relations/ m: California Apprenticeship Council
EMPLOYER	\$hr	Addre	P.O. Box 511283 Los Angeles CA 90051
7			22,
M	Other	Paid To: Name of Plan/Fund/Progra	PAL I
	\$ hr	ivanie di Pian/Fund/Progra	III.
		Addre	SS:

Classification:	Effective Date:	Subsistence or Travel Pay:
Chainman	9/1/15	\$
Health & Welfare	Paid To: Name of Plan/Fund/Program:	United Healthcare, Dept 841346, Los Angeles, CA
\$hr	Address:	ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055
\$2.85 hr Pension N/A	Paid To: Name of Plan/Fund/Program:	John Hancock
The state of the s	Address:	P.O. Box 600, Buffalo, NY 14201-0600
Vacation/Holiday	Paid To: Name of Plan/Fund/Program:	Employee
\$2.71 hr	Address:	
	Paid To: Name of Plan/Fund/Program:	State of California/Dept of Industrial Relations/ California Apprenticeship Council
\$hr	Address:	P.O. Box 511283, Los Angeles, CA 90051
\$ 0.90 hr 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	under	penalty	y of	per	ury	that fring	ge benefits are	paid to the	he approved	l plans,	funds or	pro	grams as listed above.
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Print Name and Title

Signature and Date (Wet Signature Required)

Gina Ortega, Accounting/HR Manager

310-7-16

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)

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.

OR SUBCONTRACTOR OR SUBCONTRACTOR	CTOR L					ADC	RESS	16842 VC	N KARMAN A	VENIJE	SUITE 15	٦			OMB No.	402E 0000
	DENG	PENCO ENGINEERING, INC.					_	RVINE, C	IRVINE, CA 92606			•			Expires:	Expires: 02/28/2018
PAYROLL NO.		FOR WEEK ENDING		0/301A		SPR	TE CT A	PROJECT AND LOCATION	THAININT PER	AT HAR	200 000	חמ	PROJECT C	PROJECT OR CONTRACT NO.	NO.	
			2,60	09/20/2015		មិ ត	SOVE,	GROVE, CALIFORNIA	GROVE, CALIFORNIA	AI HAR	BOR, GAR	DEN	PENCO.	PENCO JN #15045		
(3)	2)	(3)		(4) DAY AND DATE	DATE	(5)		(6)	(7)							(9)
	LDING TIONS		$\overline{}$	M T W TH	N N	S						DED	(8) DEDUCTIONS			į 3
L SECURITY	O. OF TTHHO KEMPT	WORK	от. с	14 15 16 17	18 19	20 101		RATE	GROSS		WITH-					WAGES
NUMBER) OF WORKER	E)	CLASSIFICATION	H	HOURS WORKED EACH DAY	ACH DAY	HOURS		OF PAY	EARNED	FICA	TAX	STATE	SDI	OTHER	DEDUCTIONS	FOR WEEK
JEREMY ADAMS 6579	5	PARTY CHIEF	0					\$65.87	\$351.28							
	ē		G	00	8,00	8.00)0 43.91	1	\$2,354.24	\$285.01	\$179.60	\$149.55	\$21.13	\$77.19	\$712.48	\$1,641.76
PHILIP DOMINGUEZ 9852	2	CHAINMAN	0					\$61.25	\$326.64	100			3			
			o	00	8.00	8.00	00 40.83	3	\$776.00	\$30.76	\$39.30	\$5.85	\$6.99		\$122.98	\$653.02
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Akilo completion of Form MAI 247 is putional to it.		E	S													

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. 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 each laborer

Public Burden Statement

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 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

(over)

	(4) Inat: (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	(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.	(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 (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.	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	PENCO ENGINEERING, INC. from the full (Contractor or Subcontractor)	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	(Building or Work) 14th day of September 2015 and ending the 20th day of September 2015	(Contractor or Subcontractor) SITE C PROJECT, TWINTREE AT HARBOR; that during the payroll period commencing on the	(1) That I pay or supervise the payment of the persons employed by PENCO ENGINEERING, INC.		(Name of Signatory Party) (Title)	GINA ORTEGA ACCOUTING/HR MANAGER	Date 10'1'16
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.	NAME AND TITLE GINA ORTEGA, ACCOUNTING/HR MANAGER			REMARKS:							EXCEPTION (CRAFT)	(c) EXCEPTIONS	basic hourly wage rate plus the amount not less than to basic hourly wage rate plus the amount of the require in the contract, except as noted in section 4(c) below.	Each laborer or mechanic list		(b) WHERE ERINGE RENEETTS ARE DAID IN CASH
TEMENTS MAY SUBJECT THE CONTRACTOR OR ESECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE	SIGNATURE										EXPLANATION		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.	Each laborer or mechanic listed in the above referenced payroll has been paid,	COOL.	CACE

BENEFITS ARE PAID IN CASH

	 	 	 -	 	
REMARKS:					EXCEPTION (CRAFT)
					EXPLANATION

			- T	
ADAMS, JEREMY 1167 XXX-XX-XXXX CA CA CA 26 S10/S10 400			EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION	PAYROLL REGISTER - MUI PENCO ENGINEERING INC - 5887
			<u>8</u>	C 7
1 REGULAR 2 OVERTIME H HOLIDAY			EARNINGS DESCR	MULTI STATE
669450			PAY	TATE
8400 900 800			CL	
			ᇛᅵ	윤 다
374892 60251 35704			AMOUNT	CHECK DATE
148400 11700 5600			HOURS	DATE
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6544261 773357 243112			D AMOUNT	09/25/2015 09/07/2015
Z I G				PER IS
C9 CHECKING NE			DEDUCTIONS	CHECK DATE 09/25/2015 PERIOD BEGIN 09/07/2015 PERIOD END 09/20/2015
E 317996 S 300 S 12058			CURRENT AMOUNT	9/20/2015
86				
5749344 6000 102493			YTD AMOUNT	
FE		8	TAXES DESCR	
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57002 29111			CURRENT	
808336 496935 116218			YTD AMOUNT	
<u> </u>			TNUC	09/2: PA
DIRDEP			NET PAY CHECK NO	09/23/2015 PAGE
000 DEP			NO YAY	۰ N

*X NEW YORK LLC

PHONE (800)829-4807

FAX (855)276-55

PAYROLL REGISTER - MULTI STATE PENCO ENGINEERING INC - 5887 CHECK DATE 09/25/2015
PERIOD BEGIN 09/07/2015 PERIOD END 09/20/2015

09/23/2015 PAGE 7

	EMPLOYEE TOTAL	Last Check Date 09/25/2015	44 6300 Hours	ID SSN STATE/FRQ STS LOCATION	EMPLOYEE NAME
	VP VIS 125	V VACATION 1P MED 125		DESCR	FARNINGS
	1			RATE	DAY
	10100			HOURS	
470847	-14125 -14125 -290 -455410	-203		S AMOUNT	
	176600	2400 8500		HOURS	
8041000	-16942 -241231 -5220	104556 375734 -3774		YTD AMOUNT	
		RI REIMBURSE		DEDUCTIONS DESCR	
528354		-2000		CURRENT	
5817837		-40000	SHOOM	AMOUNT	
		CA STATE	סרמכת	YTD TAXES	
127056		29909 4226	AMOUNT	CURRENT	
1955996		462368 72139	AMOUNT	ALA	
			CHECK NO	NET PAY	

PAYROLL REGISTER - MULTI STATE PENCO ENGINEERING INC - 5887

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

	EMPLOYEE TOTAL	DOMINGUEZ, PHILIP 228 XXX-XXXX CA CA CA 26 M2/M2 400 32.0000 Hourly Last Check Date 09/25/2015	EMPLOYEE TOTAL	
		1 REGULAR 2 OVERTIME 480000		RP RETRO PA VP VIS 125
	4800	4700 100		
	155200	150400 4800	525690 550385	-290
	4800	4700 100	24800	
WOO TO E	155200	150400 4800	10541384	A TOC.
FOLOGONOL CALCADNISH 1		150400 C9 CHECKING NE 4800		
40284	130607	130607	JUE	
147638 FEDERAL	130607	130607 FEDERAL OASDI MEDICARE CA STATE CA SDI		
AL 33941	24393	1397		
660395 540003	GKC+7	10155 9622 2250 1169 1397		
3/000% 4984000656		DIRDEP		

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				Hours	Rate	Total
Previously Paid Prevailing V Previously Paid Prevailing V	Wage Straight Time WE 09/	20/15		8.00	32.00	(256.00)
CORRECTED Prevailing W CORRECTED Prevailing W	age Straight Time WE 09/2	0/15		8.00	40.83	326.64
OSTACESTED Frevailing VV	age O1 WE 09/20/15				_	70.64
Deductions:			Total			70.64
			GROSS	3		70.64
	Medicare					1.02
	OASDI	12				4.38
	Federal withholdings					7.06
	Ca. withholdings					2.12
	SDI					0.85
					:-	
	Sub Total					15.43
			Net		\$	55.21

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)

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

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PENCO ENGIN	DENGI	PENCO ENGINEERING, INC.		A D D R II	16842 VON KARM IRVINE, CA 92606	ADDRESS 16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	VENUE,	SUITE 15	0			OMB No.: Expires:	OMB No.: 1235-0008 Expires: 02/28/2018
PAYROLL NO.		FOR WEEK ENDING		PROJE	O BOO IECT	N N N N N	7 6 6 6		1	PROJECT C	PROJECT OR CONTRACT NO.	NO.	
			09/27/2015	GRO	GROVE, CALIFORNIA	, TWINTREE	AT HAR	TREE AT HARBOR, GARDEN	DEN	PENCO.	PENCO JN #15045		
3	(2)	(3)	(4) DAY AND DATE	(5)	(6)	(7)				6			(9)
	LDING TONS		M T W TH F S S						DEDI	DEDUCTIONS			
L SECURITY	IO. OF VITHHO XEMP1	WORK	6 21 22 23 24 25 26 27	TOTAL	RATE	GROSS		HOLDING WITH-	STA TH	ap.		TOTAL	WAGES
OF WORKER	NSE	CLASSIFICATION	HOURS WORKED EACH DAY	HOURS	OF PAY	EARNED	FICA	TAX	STATE	3DI	OTHER	DEDUCTIONS	I
JEREMY ADAMS 6579	5	PARTY CHIEF	0		\$65.87	\$351.28	200	917					
	ā		8.00	8.00	43.91	\$2,119.93	\$228.19	\$101.68	\$126.30	\$19.02	\$70.16	\$605.35	\$1,514.58
PHILIP DOMINGUEZ 9852	\	CHAINMAN	0		\$61.25	\$326.64							
	ı		8.00	8.00	40.83	\$1,520.00	\$102.38	\$110.28	\$42.26	\$13.68		\$334.60	\$1,185.40
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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. 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 contractor 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 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

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 \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

J 1

Date GINA ORTEGA (Name of Signatory Party) do hereby state: (1) That I pay or supervise the payment of the persons employed by PENCO ENGINEERING, INC. (Contractor or Subcontractor) SITE C PROJECT, TWINTREE AT HARBOR; that during the payroll period commencing on the
C PROJECT, TWIN: (Building or Wo day of September and September and September and September directions)
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

(c) EXCEPTIONS

NAME AND TITLE GINA ORTEGA, ACCOUNTING/HR MANAGER	REMARKS:					EXCEPTION (CRAFT)
SIGNATURE						EXPLANATION

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

PAYROLL REGISTER - MULTI STATE PENCO ENGINEERING INC - 5887 ID SSN STATE/FRQ STS LOCATION EMPLOYEE NAME EARNINGS DESCR RATE PAY HOURS CURRENT PERIOD BEGIN 09/21/2015 PERIOD END 10/04/2015 CHECK DATE 10/09/2015 AMOUNT HOURS ą, AMOUNT DESCR DEDUCTIONS CURRENT AMOUNT AMOUNT DESCR **TY** TAXES CURRENT AMOUNT AMOUNT 10/08/2015 PAGE 8 NET PAY CHECK NO

NEW YO	DOMINGUEZ, PHILIP 228 XXX-XX-XXXX CA CA CA 26 M2/M2 400 32.0000 Hourly Last Check Date 10/09/2015	EMPLOYEE TOTAL	
NEW YORK LLC	1 REGULAR 2 OVERTIME		RP RETRO PA VP VIS 125
	9500	-	
	304000	525690 550385	-290
	14200 100	24800	
	454400 C9 CHECKING NE 4800	11067074 11511355	3271177 -55400
PHONE (800)829-4807	237081	386634	
))829-480	367688 FEDERAL OASDI MEDICARE CA STATE CA SDI	7153708	
7 FAX (855)279-	ERAL 32475 DI 18868 UICARE 4408 STATE 8452 SDI 2736	1000.1	
5)279 3	42630 28470 6688 9621 4133	2986166	
	OOO DIRDEP		

PAYROLL REGISTER - MULTI STATE PENCO ENGINEERING INC - 5887

CHECK DATE 10/09/2015

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PERIOD BEGIN 09/21/2015 PERIOD END 10/04/2015

10/08/2015 PAGE 9

EMPLOYEE TOTAL	EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION
	EARNINGS DESCR
j j	PAY
9500	CUR
304000	CURRENT HOURS AMOUNT
14300	Hours
459200	YTD AMOUNT
	DEDUCTIONS DESCR
237081	CURRENT AMOUNT
367688	YTD TAXES AMOUNT DESCR
	TAXES DESCR
66979	CURRENT
91512	YTD AMOUNT
	NET PAY CHECK NO

17 500

- ANTERICACION

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(02UU)

PENCO ENGINEERING INC - 5887 AYROLL REGISTER - MULTI STATE

PERIOD BEGIN 09/21/2015 PERIOD END 10/04/2015 **CHECK DATE 10/09/2015**

10/08/2015 PAGE

EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION DESCR EARNINGS PATE PAY CURRENT ₹ DEDUCTIONS

ADAMS, JEREMY
1167 XXX-XX-XXXX CA CA CA
26 S10/S10 400
44.6300 Hourty Last Check Date 10/09/2015 1 REGULAR
2 OVERTIME
H HOLIDAY
S SICK
V VACATION
1P MED 125
DP DEN 125
K1 401K EE
VP VIS 125 4329581 -290 409953 423985 -203 -819 -12720 423985 10//240 157900 6968246 C9 CHECKING NE 773337 FI 24HR FITNES 243112 K1 401K LOAN 104556 RI REIMBURSE 72879465 78708462 3063230 CHIDDENIA 292560 300 12058 -2000 48325390 6041904 114551 OASDI MEDICARE CA STATE CA SDI FEDERAL 1255300 45637 26206 6129 25259 3804 23975075 853973 523141 122347 487627 75943 DIRDEP

EMPLOYEE TOTAL

186100

8183786 8464985

302918

6120755

107035

2063031

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Manual Check

			Hours	Rate	Total
Previously Paid Prevailing V Previously Paid Prevailing V	Vage Straight Time WE 09/27/15		8.00	32.00	(256.00)
CORRECTED Prevailing W CORRECTED Prevailing W	age Straight Time WE 09/27/15		8.00 -	40.83 - -	326.64 - 70.64
Deductions:		Total			70.64
œ.		GROS	S		70.64
	Medicare				1.02
	OASDI				4.38
	Federal withholdings				7.06
	Ca. withholdings				2.12
	SDI				0.85
				_	
	Sub Total			10	15.43
		Net		_	55.21

Payroll Number: 3
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 28th day of September 2015 (month)
and ending on the 4th (last date of week) day of October (month), 2015
Signature of Authorized Person
Date

Payroll Number: 4
I, Gina Ortega Accounting/HR Manager do hereby state that
(Name of Signatory party) NO PERSONS employed by PENCO Engineering, Inc. (Name of submitting company) performed work on
the construction project known as Site C Project, Twintree at Harbor
for the payroll period commencing on the 5th day of October (month), 2015
and ending on the 11th (last date of week) day of October (month), 2015.
Signature of Authorized Person
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)

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 SUBCONTRACTOR 7	ACTOR [1		יחחחח	5								
	O ENG	PENCO ENGINEERING, INC.		ACCRE	16842 VO IRVINE, C	16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	AVENUE	SUITE 15	0			OMB No. Expires:	OMB No.: 1235-0008 Expires: 02/28/2018
		FOR WEEK ENDING		PROJEC	T AND LOCATION	PROJECT AND LOCATION				PROJECT C	PROJECT OR CONTRACT NO.	NO.	
G			10/18/2015	GRO	SITE C PROJECT, TW GROVE, CALIFORNIA	, TWINTREE RNIA	AT HAR	BOR, GAR	DEN	PENCO.	PENCO JN #15045		
3	(2)	(3)	(4) DAY AND DATE	(5)	(6)	(7)				ê			(9)
	DLDING TIONS		M T W TH F S S						DED	(8) DEDUCTIONS			
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHO EXEMP	WORK	5 12 13 14 15 16 17 18	TOTAL	RATE	GROSS		HOLDING HOLDING	STATE	SD		TOTAL	WAGES PAID
JEREMY ADAMS		PARTY CHIEF	0			\$131.73	Ş	3			CITE	DEDUCTIONS	FOR WEEK
	10		3.00	3.00	43.91	94141	\$184.90	\$148.02	\$108.58	\$17.42	\$64.80	\$523.72	\$1,417.69
PHILIP DOMINGUEZ 9852	s	CHAINMAN	0		\$61.25	\$122.49							
	1		S 3.00	3.00	40.83	\$1,392.00	\$143.18	\$106.49	\$33.81	\$12.53		\$296.01	\$1,095.99
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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	tory for co	overed contractors and subc	ontractors performing work on Federally finan	חבים חר מפי	sisted construction	contracts to room	and to the			301	200		

(A) U.S.C. § 3145) contractors and subcontractors are substituted or contractors and subcontractors and subcontractors and subcontractors and subcontractors are substituted or contractors and subcontractors are subcontractors are subcontractors and subcontractors are subcontractors are subcontractors and subcontractors are subcontractors and subcontractors are subcontractors are subcontractors and subcontractors are subcontractors are subcontractors are subcontractors and subcontractors are subcontractors are subcontractors are subcontractors are subcontractors and subcontractors are subcontract

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 irromation. 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 GINA ORTEGA

do hereby state: (Name of Signatory Party) ACCOUTING/HR MANAGER (Title)

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

PENCO ENGINEERING, INC. (Contractor or Subcontractor)

SITE C PROJECT, TWINTREE AT HARBOR : that during the payroll period commencing on the

day of (Building or Work) October 2015 18th October 2015

all persons employed on said project have been paid the full weekly wages eamed, that no rebates have and ending the _ _ day of

been or will be made either directly or indirectly to or on behalf of said

PENCO ENGINEERING, INC.

(Contractor or Subcontractor)

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 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.

- 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. correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the (2) That any payrolls otherwise under this contract required to be submitted for the above period are
- (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 have been or will be made to appropriate programs for the benefit of such employees the above referenced payroll, payments of fringe benefits as listed in the contract except as noted in section 4(c) below

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

			┖
			1
In the contract, except as noted in section 4(c) below.	basic hourly wage rate plus the amount of the required fringe benefits as lister	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 paid

(c) EXCEPTIONS

on the

NAME AND TITLE

GINA ORTEGA, ACCOUNTING/HR MANAGER

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATES.
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE:
31 OF THE UNITED STATES CODE. SIGNATURE VECTION 1001 OF TITLE-18 AND SECTION 231 SE

PAYROLL REGISTER - MULTI STATE PENCO ENGINEERING INC - 5887

CHECK DATE 10/23/2015 PERIOD BEGIN 10/05/2015 PERIOD END 10/18/2015

EMPLOYEE TOTAL	1167 XXX-XXX-XXXX CA	ا د ر	DEPARTMENT TOTAL	MP RP	EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION	
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					PAY RATE	
8700		8700	78050		CUR	
375321 388281	-203 -819 -11648	388281	3724941 4051458	-2844	CURRENT RS AMOUNT	
194800	5600 2400 8500	166600	1455296		HOURS	
8559107 8853266	243112 104556 375734 -4180 -18580 -265599 -5800	7356527	76604406 82759920	-115380 297070 -47094	YTD AMOUNT	
	2 K1 401K LOAN 5 RI REIMBURSE	C9 CHECKING NE		(DESCR	
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	120580 MEDICARE -44000 CA STATE CA SDI	FEDERAL OASDI		ř	DESCR	
2 100	2176 3483	36979 23992	146 136		AMOUNT	
7.70	509343 79426	890952 547133	24300000	270074	AMOUNT	5
		DIRDEP DIRDEP			CHECK NO	NET DAY

10/22/2015 PAGE 7

PAYROLL REGISTER - MULTI STATE PENCO ENGINEERING INC - 5887

PERIOD BEGIN 10/05/2015 PERIOD END 10/18/2015 **CHECK DATE 10/23/2015**

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WINCE ANALYSIN	EMPLOYEE TOTAL	DOMINGUEZ, PHILIP 228 XXX-XX-XXXX CA CA CA 26 M2/M2 400 32.0000 Hourly Last Check Date 10/23/2015	EMPLOYEE TOTAL				2	
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	586887	586887	7540347					
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		DIRDEP						

Manual Check

			Hours	Rate		Total
	Vage Straight Time WE 10/18/15		3.00	32.00)	(96.00)
Previously Paid Prevailing Wage OT WE 10/18/15 CORRECTED Prevailing Wage Straight Time WE 10/18/15 CORRECTED Prevailing Wage OT WE 10/18/15			3.00	40.83	18	122.49
Deductions:		Total				26.49
		GROS	S			26.49
	Medicare					0.38
	OASDI					1.64
	Federal withholdings					2.65
	Ca. withholdings					0.79
	SDI					0.32
	Sub Total					5.79
		Net			\$	20.70

Payroll Number: 6
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the $\frac{19\text{th}}{\text{(1st date of week)}}$ day of $\frac{\text{October}}{\text{(month)}}$, $\frac{2015}{\text{month}}$
and ending on the 25th day of October (month), 2015
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 26th day of October (month), 2015
and ending on the 1st (last date of week) day of November (month).
Signature of Authorized Person 10-7-16 Date
Date

Payroll Number: 8
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 2nd (1st date of week) day of November, 2015
and ending on the 8th (last date of week) day of (month) 2015
Signature of Authorized Person
70-7-15 Date

Payroll Number: 9
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 9th day of November, 2015
and ending on the distribution (last date of week) day of November (month), 2015
Signature of Authorized Person
76- 7-76 Date

Payroll Number: 10
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 16th (1st date of week) day of November (month), 2015
and ending on the 22nd (last date of week) day of Movember (month), 2015.
Signature of Authorized Person 10-2-15 Date
Date

Payroll Number: 11
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 23rd day of November, 2015
and ending on the 29th (last date of week) day of (month), 2015
Signature of Authorized Person
Date

Payroll Number: 12
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 30th day of November, 2015
and ending on the 6th (last date of week) day of (month) 2015.
Signature of Authorized Person
10-7-16 Date

Payroll Number: 13
Gina Ortega Accounting/HR Manager
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 7th day of December 2015 (month)
and ending on the 13th (last date of week) day of (month), 2015
Signature of Authorized Person
Date

Payroll Number: 14
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 14th day of December day of (month), 2015
and ending on the 20th day of December, 2015 (month).
Signature of Authorized Person
Date

	Payroll Number: 15
	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 Site C Project, Twintree at Harbor
	for the payroll period commencing on the 21st day of December, (month), 2015
	and ending on the 27th day of December, 2015 (month)
C	Signature of Authorized Person
	<u>/o- > - / C</u> Date
	Date

Payroll Number: 16
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 28th day of (month) day of (month)
and ending on the day of day of day of month.
Signature of Authorized Person
70-7.76 Date

Payroll Number: 17
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 4th day of January (month), 2016
and ending on the date of week) day of January (month), 2016
Signature of Authorized Person 10-7-16
Date

Payroll Number: 18
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 11th day of January (month), 2016
and ending on the 17th day of January (month), 2016.
Signature of Authorized Person
/or)./6
Date

Payroll Number: 19
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 18th day of Innuary day of Innuary (month), 2016
and ending on the date of week) day of January (month), 2016.
Signature of Authorized Person
70-7-14 Date

Payroll Number: 20
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 25th day of January (month), 2016
and ending on the 31st (last date of week) day of (month), 2016.
Signature of Authorized Paren
Signature of Authorized Person /o-7-//6
Date

Payroll Number: 21
I, Gina Ortega Accounting/HR Manager do hereby state that (Name of Signatory party) PENCO Engineering, Inc. performed work on
(Name of submitting company) the construction project known as Site C Project, Twintree at Harbor
for the payroll period commencing on the 1st day of February day of (month), 2016
and ending on the 7th day of February 2016 (month)
Signature of Authorized Person 10-1-16
Date

Payroll Number: 22
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 Site C Project, Twintree at Harbor
for the payroll period commencing on the 8th day of February (month), 2016
and ending on the 14th (last date of week) day of (month), 2016
Signature of Authorized Person
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)

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.

OR SUBCONTRACTOR	CTOR	7		ממככי	000								
I	O ENG	PENCO ENGINEERING, INC.		Ċ	IRVINE, C	16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	AVENUE	SUITE 15	Ö			OMB No.: Expires:	OMB No.: 1235-0008 Expires: 02/28/2018
PAYROLL NO. 23 - FINAL		FOR WEEK ENDING	02/21/2016	PROJE	SITE C PROJECT, TW	PROJECT AND LOCATION SITE C PROJECT, TWINTREE AT HARBOR, GARDEN GROVE CALLECORNIA	AT HAF	BOR, GAR	DEN	PROJECT O	PROJECT OR CONTRACT NO. PENCO JN #15045	NO.	
3	(2)	(3)	(4) DAY AND DATE	(5)	(6)	(3)							(9)
	OLDING TIONS		M T W TH F S S						DED	(8) DEDUCTIONS			
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOEXEMP	WORK	E 15 16 17 18 19 20 21	TOTAL	RATE	GROSS		HOLDING WITH-	STATE	SDI	- 1	TOTAL	WAGES
MY ADAMS		PARTY CHIEF	0	100		\$89.62	3	3			OTHER	DEDUCTIONS	FOR WEEK
6579	10		33	3	44.01	/	\$185.01	\$148.87	\$108.69	\$17.52	\$65.14	\$525.23	\$1,427.34
			2.00	2.00	44.81	\$1,952.57							
PHILIP DOMINGUEZ 9852	2	CHAINMAN	0		\$62.60	\$83.46		201					
			S 2.00	2.00	41.73	\$1,272.00	\$124.94	\$97.31	\$25.45	\$11.45		\$259.15	\$1,012.85
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While completion of Form WH 347 is optional # in mandat	-												

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 contractors contractors performing work on Federally financed or assisted construction contracts to respond to the information contractor 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 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 fringle 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 Averue, N.W. Washington, D.C. 20210

Date (Name of Signatory Party) GINA ORTEGA

ACCOUTING/HR MANAGER

(Title)

do hereby state:

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

(0)	PENCO ENGINEERING, INC	
	Ω	

(Contractor or Subcontractor)

SITE C PROJECT, TWINTREE AT HARBOR that during the payroll period commencing on the (Building or Work)

day of February 2016 and ending the _ 21st day of February 2016

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

PENCO ENGINEERING, INC.

(Contractor or Subcontractor)

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 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.

- set forth therein for each laborer or mechanic conform with the work he performed. applicable wage rates contained in any wage determination incorporated into the contract; that the classifications correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the (2) That any payrolls otherwise under this contract required to be submitted for the above period are
- 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. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

(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 except as noted in section 4(c) below. have been or will be made to appropriate programs for the benefit of such employees the above referenced payroll, payments of fringe benefits as listed in the contract

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.

GINA ORTEGA, ACCOUNTING/HR MANAGER

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

J 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

on the

NAME AND TITLE	REMAKKS:					EXCEPTION (CRAFT)
SIGNATURE						EXPLANATION
						TION

PAYROLL REGISTER - MULTI STATE PENCO ENGINEERING INC - 5887

EMPLOYEE NAME
ID SSN STATE/FRQ STS LOCATION

DESCR EARNINGS

RATE PAY

HOURS

AMOUNT

HOURS

AMOUNT

DESCR DEDUCTIONS

CURRENT AMOUNT

AMOUNT DESCR

CURRENT AMOUNT

AMOUNT

NET PAY CHECK NO

02/24/2016 PAGE 6

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CURRENT

CHECK DATE 02/26/2016
PERIOD BEGIN 02/08/2016 PERIOD END 02/21/2016

EMPLOTEC TOTAL		26 \$10/\$10 400 44.6300 Hourly Last Check Date 02/26/2016	ADAMS, JEREMY 1167 XXX-XX-XXXX CA CA CA
	VP VIS 125	HOLIDAY VACATION MED 125	1 REGULAR 2 OVERTIME 669450
Q		1600	
0.7 HOW	Ĭ	35704 71408 -203	
27200	3	1600 1600	25700 300
T.Con-the-	-39144 -1160	골조	1141951 C9 CHECKING NE 20084 FI 24HR FITNES
	2000	-2000	2811 <i>42</i> 300
Ì	004	24116 MEDICARE -8000 CA STATE CA SDI	974589 FEDERAL 1200 OASDI
ĵ	000	5643 21738 3503	37001 24130
	368567	18844 61429 11697	96010 80574
			DIRDEP

"CHEX NEW YORK LLC

PHONE (800)829-4807

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FAX (855)27

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

CHECK DATE 02/26/2016 PERIOD BEGIN 02/08/2016 PERIOD END 02/21/2016

02/24/2016 PAGE 8

NAME OF STREET	EMPLOYEE TOTAL	DOMINGUEZ, PHILIP 228 XXX-XX-XXXXX CA CA CA 26 M2/M2 400 32.0000 Hourly Last Check Date 02/26/2016	EMPLOYEE TOTAL		EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION	
ין סבכווו אם		1 REGULAR 2 OVERTIME 4 H HOLIDAY S SICK		1P MED 125 DP DEN 125 VP VIS 125	EARNINGS DESCR	
	ı	480000			PAY RATE	
3	7900	6200 100 800 800			CUR	
300000	254400	1984400 4800 25600 25600	525690 550385	-23586 -819 -290	CURRENT S AMOUNT	
	28400	25700 300 1600 800	2400		HOURS	
	975410	884210 14400 51200 25600	2102760 2201540	-94344 -3276 -1160	YTD AMOUNT	
	4	884270 C9 CHECKING NE 14400 51200 25600			DEDUCTIONS DESCR	
	202572	202572	382605	o.	CURRENT AMOUNT	
	778737	778737	1530420		YTD AMOUNT	
	Ť	FEDERAL OASDI MEDICARE CA STATE CA SDI	1		TAXES	
1	51828	24987 15773 3689 5089 2290	143085		CURRENT	
	196673	93619 60476 14143 19656 8779	572340		YTD	
1		DIRDEP			NET PAY	



"HEX NEW YORK LLC

PHONE (800)829-4807

FAX (855)27

Si

Manual Check

			Hours	Rate		Total
Previously Paid Prevailing W	age Straight Time WE 02/21/16		2.00	44.63	((89.26)
Previously Paid Prevailing W CORRECTED Prevailing Wa	ge Straight Time WE 02/21/16		2.00	- 44.81		89.62
CORRECTED Prevailing Wa	ge OT WE 02/21/16		0.=			0.36
						3,00
Deductions:		Total				0.36
Deductions.						
		GROSS	6			0.36
	Medicare					0.01
	OASDI					0.02
	Federal withholdings					0.04
	Ca. withholdings					0.01
	SDI					0.00
				_		
	Sub Total			_		0.08
		Net		_	\$	0.28

Manual Check

		Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 02/21/16 Previously Paid Prevailing Wage OT WE 02/21/16		2.00	32.00	(64.00)
CORRECTED Prevailing Wage Straight Time WE 02/21/16 CORRECTED Prevailing Wage OT WE 02/21/16		2.00	41.73	83.46
Deductions:	Total			19.46
	GROS	S		19.46
Medicare				0.28
OASDI				1.21
Federal withholdings				1.95
Ca. withholdings				0.58
SDI				0.23
Sub Total			-	4.25
	Net			\$ 15.21