



PENCOENG

Client Success is Our Success

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**

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: Site C Project, Garden Grove	Project Location: Twintree at Harbor, Garden Grove, CA	Today's Date: 9/14/15
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	9/1/15	\$ _____
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	9/1/15	\$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ 2.85 _____ 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 - 5897

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

09/23/2015
PAGE 6

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

ADAMS, JEREMY
 1167 XXX-XX-XXXX CA CA CA
 26 S10/S10 400

1 REGULAR
 2 OVERTIME
 H HOLIDAY

669450

8400
 900
 800

374892
 60251
 35704

148400
 11700
 5600

6544261
 773357
 243112

C9 CHECKING NE
 F1 24HR FITNES
 K1 401K LOAN

317996
 300
 12056

5749344
 6000
 102493

FEDERAL
 OASDI
 MEDICARE

57002
 29111
 6808

808335
 496933
 116218

DIRDEF
 000

NEW YORK LLC

PHONE (800)829-4807

FAX (855)274-5555

PHILIP DOMINGUEZ

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 09/20/15	8.00	32.00	(256.00)
Previously Paid Prevailing Wage OT WE 09/20/15	-	-	-
CORRECTED Prevailing Wage Straight Time WE 09/20/15	8.00	40.83	326.64
CORRECTED Prevailing Wage OT WE 09/20/15	-	-	-
			70.64

Deductions: **Total** **70.64**

GROSS **70.64**

Medicare	1.02
OASDI	4.38
Federal withholdings	7.06
Ca. withholdings	2.12
SDI	0.85

Sub Total **15.43**

Net **\$ 55.21**

Date 10-7-14

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

do hereby state: PENCO ENGINEERING, INC.
 (1) That I pay or supervise the payment of the persons employed by

PENCO ENGINEERING, INC. on the
 (Contractor or Subcontractor)
SITE C PROJECT, TWINTREE AT HARBOR, that during the payroll period commencing on the
21st day of September, 2015, and ending the 27th day of September, 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 <u>GINA ORTEGA, ACCOUNTING/HR MANAGER</u>	SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 4(d) OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE	

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

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

10/08/2015
PAGE 8

EMPLOYEE NAME ID SSN STATE/FRQ 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
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RP RETRO PA
 VP VIS 125

-290
 525690
 550385

327117
 24800
 11067024
 11511355

386634
 7153708
 139956
 2986186

DOMINGUEZ, PHILIP
 228 XXX-XX-XXXX CA CA CA
 26 M2/M2 400
 32,0000 Hourly
 Last Check Date 10/09/2015

1 REGULAR
 2 OVERTIME

9500
 304000

14200
 100

454400
 4800

C9 CHECKING NE
 237081

367688
 FEDERAL
 OASDI
 MEDICARE
 CA STATE
 CA SDI

32475
 18848
 4408
 8452
 2736

42630
 28470
 6658
 9621
 4133
 000
 DIRDEF

NEW YORK LLC

PHONE (800)829-4807

FAX (855)279-3333

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

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

EMPLOYEE NAME	EARNINGS	PAY	CURRENT	YTD	DEDUCTIONS	CHANGES
ID SSN STATE/FRO STS LOCATION	DESCR	RATE				

ADAMS, JEREMY 1167 XXX-XX-XXXX CA CA CA 26 S10/S10 400 44,6300 Hourly Last Check Date 10/09/2015	1 REGULAR		9500	423985	157900	6968246	C9 CHECKING NE	292560	6041904	FEDERAL	45637	853973	000
	2 OVERTIME				11700	773337	F1 24HR FITNES	300	6300	OASDI	26206	523141	DIRDEP
	H HOLIDAY				5600	243112	K1 401K LOAN	12058	114531	MEDICARE	6129	122347	
	S SICK				2400	104556	R1 REIMBURSE	-2000	-42000	CA STATE	25259	487627	
	V VACATION				8500	375734			CA SDI	3804	75943		
	1P MED 125				-203	-3977							
	DP DEN 125				-819	-17761							
	K1 401K EE				-12720	-253951							
	VP VIS 125				-290	-5510							
	EMPLOYEE TOTAL			9500	423985	186100	8185786		302918	6120753		107035	2063031

PAYCHEX OF NEW YORK LLC

PHONE (800)829-4807

FAX (855)279-5165

PHILIP DOMINGUEZ

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 09/27/15	8.00	32.00	(256.00)
Previously Paid Prevailing Wage OT WE 09/27/15	-	-	-
CORRECTED Prevailing Wage Straight Time WE 09/27/15	8.00	40.83	326.64
CORRECTED Prevailing Wage OT WE 09/27/15	-	-	-
			<u>70.64</u>
	Total		70.64
Deductions:			
	GROSS		70.64
Medicare			1.02
OASDI			4.38
Federal withholdings			7.06
Ca. withholdings			2.12
SDI			0.85
			<u>15.43</u>
Sub Total			15.43
	Net		\$ 55.21

STATEMENT OF NON-PERFORMANCE

Payroll Number: 3

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 28th day of September, 2015
(1st date of week) (month)

and ending on the 4th day of October, 2015.
(last date of week) (month)



Signature of Authorized Person

10-7-16

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 4

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 5th day of October, 2015
(1st date of week) (month)

and ending on the 11th day of October, 2015.
(last date of week) (month)



Signature of Authorized Person

10-1-16

Date

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

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

EMPLOYEE NAME ID SSN STATE/FREQ STS LOCATION	EARNINGS DESCR	PAY RATE	HOURS	CURRENT AMOUNT	HOURS	YTD AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
DOMINGUEZ, PHILIP 228 XXX-XX-XXXX CA CA CA 26 M2/M2 400 32,0000 Hourly Last Check Date 10/23/2015	VP VTS 125			-290		-5800							
				525690 550385	24800	11592764 12061740		386639	7540347		139051	3125217	
	1 REGULAR		8700	278400	22900	732800	C9 CHECKING NE	219199	586887	FEDERAL	28635	71265	DIRDEP 000
	2 OVERTIME				100	4800				OASDI	17261	45731	
										MEDICARE	4037	10695	
										CA STATE	6762	16383	
										CA SDI	2506	6639	
EMPLOYEE TOTAL			8700	278400	23000	737600	G1 GARNISH 1	219199	586887	FEDERAL	59201	150713	192328
					102200	4564800			251161		6500	775431	

PHILIP DOMINGUEZ

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage 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	3.00	40.83	122.49
CORRECTED Prevailing Wage OT WE 10/18/15	-	-	-
			<u>26.49</u>
	Total		26.49
Deductions:			
		GROSS	26.49
Medicare			0.38
OASDI			1.64
Federal withholdings			2.65
Ca. withholdings			0.79
SDI			0.32
			<u>5.79</u>
Sub Total			<u>5.79</u>
	Net		<u><u>\$ 20.70</u></u>

STATEMENT OF NON-PERFORMANCE

Payroll Number: 6


I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 19th day of October, 2015
(1st date of week) (month)

and ending on the 25th day of October, 2015.
(last date of week) (month)



Signature of Authorized Person

10-7-14

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 7

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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, 2015
(1st date of week) (month)

and ending on the 1st day of November, 2015.
(last date of week) (month)


Signature of Authorized Person

10-7-16
Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 8

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 2nd day of November, 2015
(1st date of week) (month)

and ending on the 8th day of November, 2015.
(last date of week) (month)



Signature of Authorized Person

10-7-14

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 9

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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
(1st date of week) (month)

and ending on the 15th day of November, 2015.
(last date of week) (month)


Signature of Authorized Person

10-7-14
Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 10

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 16th day of November, 2015
(1st date of week) (month)

and ending on the 22nd day of November, 2015.
(last date of week) (month)


Signature of Authorized Person

10-2-15

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 11

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 23rd day of November, 2015
(1st date of week) (month)

and ending on the 29th day of November, 2015.
(last date of week) (month)


Signature of Authorized Person

10-7-14
Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 12

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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
(1st date of week) (month)

and ending on the 6th day of December, 2015.
(last date of week) (month)


Signature of Authorized Person

10-7-16
Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 13

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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
(1st date of week) (month)

and ending on the 13th day of December, 2015.
(last date of week) (month)



Signature of Authorized Person

10-7-16

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 14

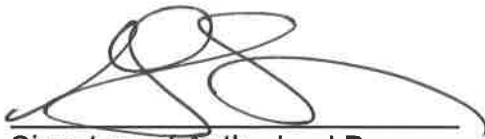
I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 14th day of December, 2015
(1st date of week) (month)

and ending on the 20th day of December, 2015.
(last date of week) (month)



Signature of Authorized Person

10.7.14

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 15

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 21st day of December, 2015
(1st date of week) (month)

and ending on the 27th day of December, 2015.
(last date of week) (month)



Signature of Authorized Person

10-2-16

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 16

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 28th day of December, 2015
(1st date of week) (month)

and ending on the 3rd day of January, 2016.
(last date of week) (month)


Signature of Authorized Person

10-7-16
Date

STATEMENT OF NON-PERFORMANCE


Payroll Number: 17

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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, 2016
(1st date of week) (month)

and ending on the 10th day of January, 2016.
(last date of week) (month)


Signature of Authorized Person

10-7-16
Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 18

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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, 2016
(1st date of week) (month)

and ending on the 17th day of January, 2016.
(last date of week) (month)


Signature of Authorized Person

10.1.16
Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 19

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 January, 2016
(1st date of week) (month)

and ending on the 24th day of January, 2016.
(last date of week) (month)


Signature of Authorized Person

10-7-16
Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 20

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 25th day of January, 2016
(1st date of week) (month)

and ending on the 31st day of January, 2016.
(last date of week) (month)



Signature of Authorized Person

10-7-16

Date

STATEMENT OF NON-PERFORMANCE


Payroll Number: 21

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 1st day of February, 2016
(1st date of week) (month)

and ending on the 7th day of February, 2016.
(last date of week) (month)


Signature of Authorized Person

10-1-16
Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 22

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

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 8th day of February, 2016
(1st date of week) (month)

and ending on the 14th day of February, 2016.
(last date of week) (month)



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)
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 **PENCO ENGINEERING, INC.**
ADDRESS **16842 VON KARMAN AVENUE, SUITE 150
IRVINE, CA 92606**
OMB No.: 1235-0008
Expires: 02/28/2018

PAYROLL NO. **23 - FINAL** FOR WEEK ENDING **02/21/2016**
PROJECT AND LOCATION **SITE C PROJECT, TWINTREE AT HARBOR, GARDEN GROVE, CALIFORNIA**
PROJECT OR CONTRACT NO. **PENCO JN #15045**

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NUMBER OF 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	
			15	16	17	18	19	20	21											
JEREMY ADAMS 6579	10	PARTY CHIEF								2.00	44.81	\$89.62	\$185.01	\$148.87	\$108.69	\$17.52	\$65.14	\$525.23	\$1,427.34	
PHILIP DOMINGUEZ 9852	2	CHAINMAN								2.00	41.73	\$83.46	\$124.94	\$97.31	\$25.45	\$11.45		\$259.15	\$1,012.85	

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 S38502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

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

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

ADAMS, JEREMY 1167 XXX-XX-XXXX CA CA CA 26 S10/S10 400 44.6300 Hourly Last Check Date 02/26/2016	1 REGULAR		669450	6200	276706	25700	1141951	C9 CHECKING NIE	281142	974589	FEDERAL	37001	960810	
	2 OVERTIME		100	100	6695	300	20084	FI 24HR FITNES	300	1200	OASDI	24130	80574	
	H HOLIDAY		800	800	35704	1600	71408	K1 401K LOAN	6029	24116	MEDICARE	5643	18844	
	V VACATION		1600	1600	71408	1600	71408	RI REIMBURSE	-2000	-8000	CA STATE	21783	61429	
	1P MED 125				-203				-812		CA SDI	3503	11697	
	DP DEN 125				-819				-3276					
	K1 401K EE				-11715				-39144					
	VP VIS 125				-290				-1160					
	EMPLOYEE TOTAL				8700	377486	29280	1260459		285471	991905		92015	268554
								17267572						000



PHONE (800)829-4807

FAX (855)274-1515

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

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

02/24/2016
PAGE 8

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
EMPLOYEE TOTAL	1P MED 125			-23596		-94544							
	DP DEN 125			-819		-3276							
	VP VIS 125			-290		-1160							
				525690		2102760		382605	1530420		145085	572340	
				550385		2201540							
				198400		884210	C9 CHECKING NE	202572	778737	FEDERAL	24987	93619	
	1 REGULAR	480000	6200	4800	25700	14400				OASDI	15773	60476	DIRDEP
	2 OVERTIME		100	25600	300	51200				MEDICARE	3689	14143	
	H HOLIDAY		800	25600	1600	25600				CA STATE	5089	19656	
	S SICK		800		800					CA SDI	2290	8779	
EMPLOYEE TOTAL			7900	254400	28400	975410		202572	778737		51828	196673	

1 DECI 16

JEREMY ADAMS

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 02/21/16	2.00	44.63	(89.26)
Previously Paid Prevailing Wage OT WE 02/21/16	-	-	-
CORRECTED Prevailing Wage Straight Time WE 02/21/16	2.00	44.81	89.62
CORRECTED Prevailing Wage OT WE 02/21/16	-	-	-
			<u>0.36</u>

Deductions: Total **0.36**

GROSS 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

PHILIP DOMINGUEZ

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 02/21/16	2.00	32.00	(64.00)
Previously Paid Prevailing Wage OT WE 02/21/16	-	-	-
CORRECTED Prevailing Wage Straight Time WE 02/21/16	2.00	41.73	83.46
CORRECTED Prevailing Wage OT WE 02/21/16	-	-	-
			<u>19.46</u>

Total 19.46

Deductions:

GROSS 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