

Payroll Certification for Public Works Projects  
for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

|                                                                                                                                                    |                                                     |                                                                                   |                                                                                                                                        |  |  |                                                                                                                             |  |  |                                                                                                                                                                                                                                                 |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of <input type="checkbox"/> Contractor or <input checked="" type="checkbox"/> Subcontractor<br>Balitano Contracting CO.<br>F.E.I.N. 680599535 |                                                     |                                                                                   | Business Address<br>298 Forest Road<br>Fort Lee, NJ 07024<br><br>Project Location<br>1057 Pleasant Valley Way<br>West Orange, NJ 07650 |  |  | Project Name<br>W. Orange Emrgency wall repair<br><br>Contract I.D. or Project I.D.<br><br><b>Contractor Registration #</b> |  |  | <div><b>SUBMIT</b> form by<br/>email: <a href="mailto:equalpayact@dol.nj.gov">equalpayact@dol.nj.gov</a><br/><br/><b>IMPORTANT:</b> For purposes of law,<br/>you must also submit this form to<br/>the appropriate public body or lessor.</div> |  |  |
| Payroll No.<br><b>2</b>                                                                                                                            | Date Wages Due<br>& Paid (mm/dd/yyyy)<br>06/19/2026 | Week Ending Date<br>06/14/2026<br>or <input type="checkbox"/> Final Certification |                                                                                                                                        |  |  |                                                                                                                             |  |  |                                                                                                                                                                                                                                                 |  |  |

| 1.<br><br>Employee Name<br>and Address | 2. Work                                                           |                                                                                             | 3. Demographics                                        |                            | Straight Time or<br>Overtime | 4. Day and Date       |       |       |       |       |       |       | 5.<br><br>Total<br>Hours | 6.<br><br>Hourly<br>Rate<br>of Pay | 7.                |              | 8.         |                |              |                 |  |                     | 9.<br><br>Net Wages<br>Paid for<br>Week | 10.<br><br>Total<br>Fringe<br>Benefit<br>Cost/Hour |  |
|----------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------|------------------------------|-----------------------|-------|-------|-------|-------|-------|-------|--------------------------|------------------------------------|-------------------|--------------|------------|----------------|--------------|-----------------|--|---------------------|-----------------------------------------|----------------------------------------------------|--|
|                                        | Job Title<br><br><i>e.g., apprentice,<br/>journeyman, foreman</i> | Work Classification/<br>Occupational Category<br><br><i>e.g., carpenter, mason, plumber</i> | Sex<br><br><i>M=Male<br/>F=Female<br/>X=Non-Binary</i> | Race<br><br><i>See Key</i> |                              | SU                    | MO    | TU    | WE    | TH    | FR    | SA    |                          |                                    | Gross Amt. Earned |              | Deductions |                |              |                 |  | Total<br>Deductions |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            |                              | mm/dd                 | mm/dd | mm/dd | mm/dd | mm/dd | mm/dd | mm/dd |                          |                                    | This<br>Project   | This<br>Week | FICA       | Federal<br>Tax | State<br>Tax | Other (specify) |  |                     |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            |                              | Hours worked each day |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        | Foreman                                                           |                                                                                             | M                                                      |                            | S                            |                       | 8     | 8     | 8     | 8     | 8     |       | 40.00                    | 60.00                              | 2,400.00          | \$2,400.00   | 183.60     | \$ 204.15      | 87.75        | 10.08           |  | \$ 485.57           | \$ 1,914.42                             |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            | O                            |                       |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        | Journeyman                                                        |                                                                                             | M                                                      |                            | S                            |                       | 8     | 8     | 8     | 8     | 8     |       | 40.00                    | 50.00                              | 2,000.00          | \$ 2,000.00  | 153.00     | \$ 156.15      | 61.00        | 8.40            |  | \$ 378.55           | \$ 1,621.45                             |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            | O                            |                       |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        | Journeyman                                                        |                                                                                             | M                                                      |                            | S                            |                       | 8     | 8     | 8     |       |       |       | 24.00                    | 50.00                              | 1,200.00          | \$ 1,600.00  | 122.41     | \$ 65.84       | 35.43        | 13.52           |  | \$ 237.20           | \$ 1,362.80                             |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            | O                            |                       |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        | Journeyman                                                        |                                                                                             | M                                                      |                            | S                            |                       |       |       | 8     | 8     | 8     |       | 24.00                    | 50.00                              | 1,200.00          | \$ 1,680.00  | 128.52     | \$ 75.44       | 40.31        | 14.19           |  | \$ 258.46           | \$ 1,421.54                             |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            | O                            |                       |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            |                              | S                     |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            |                              | O                     |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            |                              | S                     |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            |                              | O                     |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            |                              | S                     |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            |                              | O                     |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            | S                            |                       |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            | O                            |                       |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            | S                            |                       |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |
|                                        |                                                                   |                                                                                             |                                                        |                            | O                            |                       |       |       |       |       |       |       |                          |                                    |                   |              |            |                |              |                 |  |                     |                                         |                                                    |  |

W= White; B= Black or African American;  
A= Asian; N= American Indian or Native Alaskan;  
I = Native Hawaiian or Pacific Islander; M= 2 or More

☐ Check if additional sheets used

(1) That I pay or supervise the payment of the persons employed by  
**Ballitano Contracting CO.**  
(Contractor or Subcontractor)  
on the W. Orange Emergency wall  
(Project Name & Location)  
that during the payroll period beginning on (date) 06/08/26, and  
ending on (date) 06/14/26, 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 the  
aforenamed 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 the New Jersey Prevailing  
Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.  
12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et  
seq.

(2) That any payrolls otherwise under this contract required to be sub-  
mitted 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 in-  
corporated 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 with the United States Department of Labor, Bureau of  
Apprenticeship and Training and enrolled in a certified apprenticeship  
program.

(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 have been or will be made when due to appropriate  
programs for the benefit of such employ-ees, as noted in Section  
4(c) at right.

(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) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall sub-  
mit to the public body or lessor a certified payroll record each pay  
period within 10 days of the payment of wages.

☒ By checking this box and typing my name below, I am electronically  
signing this application. I understand that an electronic signature has  
the same legal effect as a written signature.

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.  
— N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

[illegible]