

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor

Balitano Contracting CO.

F.E.I.N. 680599535

Business Address

298 Forest Road

Fort Lee, NJ 07024

Project Location

1057 Pleasant Valley Way

West Orange, NJ 07650

Project Name

W. Orange Emrgency wall repair

Contract I.D. or Project I.D.

Contractor Registration #

Payroll No.

1

Date Wages Due & Paid (mm/dd/yyyy)

06/12/2026

Week Ending Date

06/07/2026

or ☐ Final Certification

SUBMIT form by
email: equalpayact@dol.nj.gov

IMPORTANT: For purposes of law,
you must also submit this form to
the appropriate public body or lessor.

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>M=Male F=Female X=Non-Binary</i>	Race <i>See Key</i>		SU	MO	TU	WE	TH	FR	SA			Gross Amt. Earned		Deductions							
						mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)	Total Deductions			
						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	8	8		40.00	50.00	2,000.00	\$ 2,000.00	153.00	\$ 156.15	61.00	16.90		\$ 387.05	\$ 1,612.95	
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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
Balitano Contracting CO.
(Contractor or Subcontractor)
on the W. Orange Emergency wall
(Project Name & Location)
that during the payroll period beginning on (date) 06/01/26, and
ending on (date) 06/07/26, 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.

(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.

(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.

☒ 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.

Title COntroller Date (mm/dd/yy) 06/11/26

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]