

PK Contracting, Inc.
1965 Barrett, Troy, MI 48084

Period: 11/10/2019 - 11/16/2019

Number Of Weeks: 1

Contract: 191489- AJAX VARIOUS CITY DETROIT

State Job No.: pw205935 Control Section: 82000

Prime: 3 AJAX PAVING IND., INC.

Certified Payroll Transcript

-----Hours-----												***** Liabilities *****			***** Weekly Totals ***** (Week Ending 11/16/19)			
Employee		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Rate	Project Amounts	Ttl Wkly Hrs Wk All Jobs	Description	Rate	Amounts	Gross	Deductions	Net Pay
BECKETT, JASON PATRICK																		
	Regular Time	0.00	0.00	0.00	0.00	0.00	0.00	1.75	1.75	25.740	45.05	13.50	FICA - EMPLOYEF	0.0620	4.20	Fed W/H		
Soc Sec: xxx-xx-5230	Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.850	22.49		MEDICARE - EMPI	0.0145	0.98	F.I.C.A		23.36
M/EX: M/2											0.00		WORKERS COMP	0.0382	2.58	MEDICARE		5.46
402 WARD											0.00		GENERAL LIABILI'	0.0061	0.42	MI STATE TAX W/		8.34
MARINE CITY, MI 48039											67.54				8.18	Additional Medicar		
																	401(k) percentage	11.30
																376.68	48.46	328.22
Race/Sex: W/M																		
SUMI2002-001005/01/2002 Zone-1												13.50						
Pavement Marker - Group 1																		
Occup Catg: LABORER - Laborer, Semi-skilled																		
Check #: 191122101																		
KISCHUK, SAMANTHA MADISON																		
	Regular Time	0.00	0.00	0.00	0.00	0.00	0.00	1.75	1.75	25.740	45.05	24.50	FICA - EMPLOYEF	0.0620	4.20	Fed W/H		103.89
Soc Sec: xxx-xx-2813	Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.850	22.49		MEDICARE - EMPI	0.0145	0.98	F.I.C.A		56.26
M/EX: S/O											0.00		WORKERS COMP	0.0382	2.58	MEDICARE		13.16
1507 ST. CLAIR RIVER RD.											0.00		GENERAL LIABILI'	0.0061	0.42	MI STATE TAX W/		38.56
ALGONAC, MI 48001											67.54				8.18	Additional Medicar		
																	907.32	211.87
																695.45		
Race/Sex: W/F																		
SUMI2002-001005/01/2002 Zone-1												24.50						
Pavement Marker - Group 1																		
Occup Catg: LABORER - Laborer, Semi-skilled																		
Check #: 191122101																		
MILLER, DAVID G																		
	Regular Time	0.00	0.00	0.00	0.00	0.00	0.00	1.75	1.75	25.740	45.05	20.75	FICA - EMPLOYEF	0.0620	4.20	Fed W/H		63.02
Soc Sec: xxx-xx-2691	Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.850	22.49		MEDICARE - EMPI	0.0145	0.98	F.I.C.A		43.36
M/EX: S/O											0.00		WORKERS COMP	0.0382	2.58	MEDICARE		10.14
10323 FOLEY RD.											0.00		GENERAL LIABILI'	0.0061	0.42	MI STATE TAX W/		26.75
AVOCA, MI 48006											67.54				8.18	Additional Medicar		
																	699.24	213.19
																486.05		
Race/Sex: W/M																		
SUMI2002-001005/01/2002 Zone-1												20.75						
Pavement Marker - Group 1																		
Occup Catg: LABORER - Laborer, Semi-skilled																		
Check #: 191122101																		

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-----Hours-----												***** Liabilities *****			***** Weekly Totals ***** (Week Ending 11/16/19)			
Employee		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Rate	Project Amounts	Ttl Wkly Hrs Wk All Jobs	Description	Rate	Amounts	Gross	Deductions	Net Pay
REMIER, MARK ANTHONY																		
	Regular Time	0.00	0.00	0.00	0.00	0.00	0.00	1.75	1.75	23.170	40.55		FICA - EMPLOYEF	0.0620	3.92	Fed W/H	29.26	
Soc Sec: xxx-xx-5519	Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.850	22.49		MEDICARE - EMPI	0.0145	0.92	F.I.C.A	33.21	
M/EX: M/O											0.00		WORKERS COMP	0.0382	2.40	MEDICARE	7.77	
138 S. ELIZABETH ST.											0.00		GENERAL LIABILI	0.0061	0.39	MI STATE TAX W/	22.08	
MARINE CITY, MI 48039																Additional Medicar		
																401(k) percentage	16.07	
																535.64	108.39	427.25
Race/Sex: W/M												19.50						
SUMI2002-001005/01/2002 Zone-1																		
Pavement Marker - Group 2																		
Occup Catg: LABORER - Laborer, Semi-skilled																		
Check #: 191122101																		
SCHONFELD, SAMANTHA LEE																		
	Regular Time	0.00	0.00	0.00	0.00	0.00	0.00	1.75	1.75	18.980	33.22		FICA - EMPLOYEF	0.0620	3.46	Fed W/H	28.80	
Soc Sec: xxx-xx-2127	Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.850	22.49		MEDICARE - EMPI	0.0145	0.82	F.I.C.A	25.99	
M/EX: S/O											0.00		WORKERS COMP	0.0382	2.13	MEDICARE	6.08	
1430 HANFORD											0.00		GENERAL LIABILI	0.0061	0.35	MI STATE TAX W/	14.63	
LINCOLN PARK, MI 48146																Additional Medicar		
																401(k) amount	75.00	
																419.15	150.50	268.65
Race/Sex: W/F												18.25						
SUMI2002-001005/01/2002 Zone-1																		
Line Protector																		
Occup Catg: LABORER - Laborer, Semi-skilled																		
Check #: 191122101																		

Date 11/19/2019

I, Renee Caldwell Payroll Administrator
(Name of Signatory Party) (Title)

do hereby state:

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

PK Contracting, Inc. on the
(Contractor or Subcontractor)
Job: 191489- AJAX VARIOUS CITY DETROIT ; that during the payroll period commencing on the
State Job: pw205935 (Building or Work)

10 day of November, 2019, and ending the 16 day of November 2019
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
PK Contracting, 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 CFR 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: Some employees receive Health Insurance benefits. Please reference the provided Fringe Benefit Breakdown sheet.	

NAME AND TITLE Renee Caldwell Payroll Administrator	SIGNATURE Renee Caldwell Renee Caldwell Nov 19 2019 2:25 PM
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.	