

# D.A. COLLINS COMPANIES

## 2026 Master Hauling Agreement

To be approved for Work, return the Hauling Agreement and all required documents to: [contracts@dacollinscompanies.com](mailto:contracts@dacollinscompanies.com) or [trucking@dacollinscompanies.com](mailto:trucking@dacollinscompanies.com) by **March 31, 2026**.

Annual Master Hauling Agreement

Certificates of Insurance (s) & Corresponding Endorsements / Policy Pages

\* If you have worked for us before, we have your documents on file. ***If you are a new vendor or your firm's insurance policies have changed from last season or have expired, we will need your current insurance documents.***

Trucking Firm Documents

\*If you have worked for us before, we have your documents on file. ***If you are a new vendor or your firm's information has changed, we require new or updated/revised documents:***

Completed W-9 (signed & dated)

Proof of Ownership / Proof of Business

Proof of any Business Certification (if applicable) (D/M/WBE/SDVOB)

**\*Please NOTE: If working on any public work Projects, additional paperwork will be required. Project-Specific Hauling Agreements, required forms, and additional insurance requirements will be emailed to you separately per Project.**

\*\*If performing prevailing wage work, the following documentation is **required** prior to the start work date:

Copy of Driver's License (s)

Copy of Truck Registration (s)

Copy of Divisible Load Permit (s)

NYS DOL Public Work Registry Certification (Labor Law §220-i)

All subcontractors subject to prevailing wages requirements are required to register with the NYS Department of Labor and pay the required registration fee prior to commencing any work on any prevailing wage/public work covered project

NYS DOL Public Work Payroll Portal (Labor Law §220-j) electronic/online filing of certified payroll Database

OSHA 10-Hour Cards for Construction (as applicable) for each driver

Trucking Firm must provide proof of completion of the OSHA 10 course with the initial certified payroll submitted and on each succeeding payroll, where any new or additional employee is working.

Sample documents included:

○ Sample insurance certificate – ACORD 25

○ Blank and sample trip tickets

○ Certified payroll instructions

○ Blank and sample certified payroll forms

Completed trip tickets must be submitted by the **end of each business day**.

Trip tickets and certified payroll (when applicable) must accompany invoices.

If working for multiple DAC companies on the same day, please be sure to complete separate trip tickets for each job.

Hold/Wait times need to be accurately & properly documented and accompanied by a trip ticket, signed by the in-field superintendent AND dispatcher.

**Billing:**

If the end of the month falls during the week, be sure to separate the week into the prior month's invoice and the next month's invoice. *For example, if your Firm performs work the last week of January (January 26<sup>th</sup>, 2026), please include any work performed on Monday (1/26); Tuesday (1/27); Wednesday (1/28); Thursday (1/29); Friday (1/30); Saturday (1/31) into the January invoice and any work performed on Sunday (2/1) into the February invoice.*

Invoices need to be submitted weekly with all backup documentation. You can email or mail to the specific Company(ies) that your performed the work for.

**If the required forms for both your Master Hauling Agreement and/or your Project-Specific Hauling Agreement are not submitted, you will not be authorized to work.**

If you have any questions and/or concerns, please reach out to Jenelle Massaro – [jmassaro2@dacollins.com](mailto:jmassaro2@dacollins.com), [contracts@dacollinscompanies.com](mailto:contracts@dacollinscompanies.com), or [trucking@dacollinscompanies.com](mailto:trucking@dacollinscompanies.com).

Thank you,  
D.A. Collins Companies

# 2026 ANNUAL MASTER HAULING AGREEMENT

This HAULING AGREEMENT (“**Agreement**”) is made between and among the D.A. Collins Companies (“**Company**”) i.e. D.A. Collins Construction Co., Inc., D.A. Collins Environmental Services, LLC, Infinity Aggregates, LLC, Jointa Galusha, LLC, Jointa Lime Company, Kubricky Construction Corp., Kubricky-Jointa Lime, LLC, Pallette Stone Corp., Array Foundation Services, LLC, and the undersigned (“**Trucking Firm**”). In consideration of the mutual promises, covenants, benefits, and obligations set forth in this Agreement the parties agree as follows:

## 1. OWNER AND VEHICLE INFORMATION:

- A) Place an “X” on the line that applies to you as owner & vehicle information:
- a. I own and drive one truck \_\_\_\_\_
  - b. I own more than one truck and drive \_\_\_\_\_
  - c. I own more than one truck with employees \_\_\_\_\_
  - d. I own one truck, but do not drive it \_\_\_\_\_
  - e. I own more than one truck and do not drive \_\_\_\_\_
  - f. I own more than one truck and have a co-owner \_\_\_\_\_
- B) Place an “X” on the lines that apply to you as a business certification (Trucking Firm must provide proof of certification):
- a. Disadvantaged Business Enterprise (DBE) \_\_\_\_\_
  - b. Minority Business Enterprise (MBE) \_\_\_\_\_
  - c. Women-Owned Business Enterprise (WBE) \_\_\_\_\_
  - d. Veteran-Owned Business Enterprise (VOB) \_\_\_\_\_
  - e. Service-Disabled Veteran-Owned Business Enterprise (SDVOB) \_\_\_\_\_
- C) Place an “X” on the line that applies to you as a business (Information listed within this section needs to match documents supplied):
- a. Individual/Sole Proprietor or Single-Member LLC \_\_\_\_\_
  - b. Corporation \_\_\_\_\_
  - c. Partnership \_\_\_\_\_
  - d. Limited Liability Company \_\_\_\_\_

**OWNER (S) INFORMATION:** you must include proof of **all** owners/ownership  
(Information listed within this section needs to match the proof of ownership/business document supplied)

**Truck Owner:** \_\_\_\_\_

**Company Name, if applicable:** \_\_\_\_\_

**DBA Name, if applicable:** \_\_\_\_\_

**Federal ID Number or Social Security Number:** \_\_\_\_\_

**Business Mailing Address:** \_\_\_\_\_

**Business Telephone Number:** \_\_\_\_\_

**Cell Phone Number (Must Accept Voice Mail Messages):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Billing Contact Name:** \_\_\_\_\_

**Billing Contact Phone:** \_\_\_\_\_

**Billing Contact Email Address:** \_\_\_\_\_

## 2. WAGE RATES:

**YOU ARE RESPONSIBLE to ensure you are paying your drivers the correct posted prevailing wage rate, when performing prevailing wage work on public works jobs.** The Prevailing Wage Schedule, including the Prevailing Wage Rates and Prevailing Hourly Supplements, for Public Work-specific projects, will be EMAILED to you with additional hauling documents, to ensure the correct labor rates are being paid. A unique Prevailing Wage Rate Case Number (PRC#) has been assigned to the schedule (s) of applicable specific projects. Please submit the Subcontractor Affidavit Labor Law form, alongside your other required signed paperwork. You may also find the prevailing wages rates on line at:

<https://apps.labor.ny.gov/wpp/publicViewPWChanges.do?method=showit> (search by county)

<https://apps.labor.ny.gov/wpp/showSearchWageSchedulePublic.do?method=showIt> (search by county & work classification)

<https://apps.labor.ny.gov/wpp/showFindProject.do?method=showIt> (search by PRC #)

## 3. PAYMENT TERMS:

Properly completed paperwork must be submitted by the end of the next business day. Failure to submit properly completed paperwork by the next business day will result in delay of payment. See billing information section for more detailed information.

## 4. OTHER PROVISIONS:

The Trucking Firm shall work under the same terms and conditions imposed on the Contractor by Owner/Prime Contractor. This includes all terms and conditions applicable to items in the Agreement, wages, hours, and working conditions, under which the Contractor is required to work as required by applicable collective bargaining agreements and any state specifications as they apply to the Trucking Firm items.

**PLEASE be aware - work cannot be assigned by a trucking broker or trucking firm to a lower tier trucking firm.**

## 5. COUNTERPARTS:

This Contract may be executed in counterparts via inked signature or electronic mark, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. The fully executed Contract may be delivered using pdf or similar file type transmitted via electronic mail, cloud based server, e-signature technology or other similar electronic means.

## 6. PERMITS AND LICENSES:

Trucking Firm shall pay all licenses, permits, and similar fees as they may relate to the material or equipment, and shall indemnify the Company and Additional Insureds against, and shall hold them harmless from, any and all losses, expenses, and damages, including reasonable attorneys' fees, incurred in connection with or as the result of any and all claims or litigation arising out of infringement or alleged infringement of any letters patent or any patent rights, relating to items delivered or work performed in connection with this Agreement.

**It is the Trucking Firm's responsibility to ensure** that all necessary licenses, registrations, business certificates, and permits required by DAC and the Owner are in place and currently in effect during the time period of the Trucking Firm's work on any DAC projects. Trucking Firm specifically agrees that it shall indemnify, defend, and hold DAC harmless from any and all liability for Trucking Firm's failure to comply with this requirement or any other provision in this Agreement. This indemnification shall survive termination or expiration of this Agreement.

## 7. INDEMNIFICATION:

To the fullest extent permitted by law, Trucking Firm shall defend, indemnify and hold Company, its officers, partners, shareholders, affiliates, employees, agents, insurers, sureties, successors and assigns, and any Additional Insured (hereinafter collectively "Indemnities") harmless from any and all liabilities, claims, suits, losses, expenses, (including reasonable attorneys' fees) fines and remedial or clean-up costs arising out of or related to: (i) claims for breach of this Agreement; or (ii) claims for damages for bodily injury, sickness, disease, or death; or (iii) negligent act, omission, breach of statutory duty or obligation, on the part of Trucking Firm any of its officers, agents, employees, and for every person working either directly or indirectly within the scope of this Agreement; or (iv) claims for, or damages to, or the loss of use of, tangible property, of any nature whatsoever; any of which arise out of or are connected with, or are claimed to arise out of or be connected with, the Trucking Firm's work, or any accident or occurrence involving Trucking Firm. This includes but is not limited to the payment by you to your employees of any required Prevailing Wages, workers' compensation, or any violations of DOL 220-i registry, DOL 220-j electronic/online filing of certified payroll requirements, certified payroll reports, as well as any withheld amounts, interest and/or penalties that may be assessed against or withheld from Company on your behalf. This indemnity does not extend to that part of any claims, damages, loss, liability or expenses arising from the negligent acts or omissions of the Company. Trucking Firm agrees to purchase and maintain such insurance as will protect it and Company, including contractual coverage. This indemnification shall survive termination or expiration of this Agreement.

## 8. BILLING INFORMATION:

Trip tickets must accompany the invoices for back-up, along with certified payroll reports and OSHA 10-hour cards for each driver, when applicable. Certified payroll reports may be submitted electronically, but hard copies *MUST* also be provided. Drivers need to submit their weekly bills directly to the company they are hauling/working for. A separate trip ticket is required to be filled out if you are working for multiple companies on the same day.

A properly completed invoice shall include the day the work was done, tonnage and type of material, rate for each item, job name, and/or customer (site). Any sitework performed will be billed to the contractor in charge (unless specified otherwise). Hold/Wait Times need to be properly and accurately documented and accompanied by an authorization slip (Trip Ticket) signed by the in-field Superintendent AND Dispatcher. Failure to do so will result in delay of payment until a correctly completed invoice is provided.

All efforts will be made to process invoices in a timely manner. To avoid delays, please ensure all paperwork is accurate, complete, & up to date prior to submission.

## 9. INVOICES:

Invoices with backup documentation can be mailed or emailed to the company for whom you performed work:

D.A. Collins Construction Co., Inc.  
269 Ballard Road  
Wilton, NY 12831  
Email: [DACTrucking@dacollinscompanies.com](mailto:DACTrucking@dacollinscompanies.com)

D.A. Collins Environmental Services, LLC  
269 Ballard Road  
Wilton, NY 12831  
Email: [DACTrucking@dacollinscompanies.com](mailto:DACTrucking@dacollinscompanies.com)

Jointa Galusha, LLC  
269 Ballard Road  
Wilton, NY 12831  
Email: [trucking@dacollinscompanies.com](mailto:trucking@dacollinscompanies.com)

Jointa Lime Company  
269 Ballard Road  
Wilton, NY 12831  
Email: [trucking@dacollinscompanies.com](mailto:trucking@dacollinscompanies.com)

Infinity Aggregates, LLC  
269 Ballard Road  
Wilton, NY 12831  
Email: [trucking@dacollinscompanies.com](mailto:trucking@dacollinscompanies.com)

Kubricky Construction Corp.  
238 Bay Road  
Queensbury, NY 12804  
Email: [KCCTrucking@kubricky.com](mailto:KCCTrucking@kubricky.com)

Kubricky-Jointa Lime, LLC  
269 Ballard Road  
Wilton, NY 12831  
Email: [KCCTrucking@dacollinscompanies.com](mailto:KCCTrucking@dacollinscompanies.com)

Pallette Stone Corp.  
269 Ballard Road  
Wilton, NY 12831  
Email: [trucking@dacollinscompanies.com](mailto:trucking@dacollinscompanies.com)

Array Foundation Services, LLC  
269 Ballard Road  
Wilton, NY 12831  
Email: [AFSTrucking@dacollinscompanies.com](mailto:AFSTrucking@dacollinscompanies.com)

#### 10. TRIP TICKET COMPLETION:

If Trip Tickets are *incomplete, illegible, or otherwise unsatisfactory*, they will be returned to the Trucking Firm. Invoices will not be processed unless Trip Tickets are signed and fully completed.

Trip Tickets **must** include the following information:

- a. **Company Trucking Firm Working For**
- b. **Trucking Firm Name**
- c. **Driver's Full Name (Legal Names Only) and Truck Number**
- d. **Job Name and/or Job Location**
- e. **Date Work Performed (MM/DD/YYYY)**
- f. **Location the Truck Hauled from**
- g. **Type of Materials Hauled**
- h. **Scale Ticket / Slip Ticket #**
- i. **Tonnage / Yardage Hauled**
- j. **Arrival Time at Quarry/Plant/Shop**
- k. **Departure Time from Quarry/Plant/Shop**
- l. **Arrival Time at Job Site**
- m. **Departure Time from Job Site**
- n. **Notes**
- o. **Start Time/Finish Time**
- p. **Job Site Foreperson's Signature and Printed Name**
- q. **Driver's Signature and Printed Name**

#### Trip Tickets:

**WHITE COPY** – Give to the project foreperson/supervisor who has signed you out for the day

**YELLOW COPY** – Attach to your invoice and submit for payment

**PINK COPY** – Keep for your records

## 11. INSURANCE CERTIFICATES:

Evidence of Insurance – **Prior to commencing any Trucking Services, the Trucking Firm shall furnish certificates of insurance, executed by an authorized representative, setting out compliance with the insurance requirements set forth below.**

*\*If your Firm's insurance policies have changed from last season or have expired, we are requesting your insurance to be submitted. If your Firm's insurance policies have not changed, nor have expired, your Firm's insurance is on file in our system. It is the Trucking Firm's responsibility to ensure valid insurance is on file with Company, prior to commencing any Trucking Services.*

***NOTE: If at any time an insurance policy lapses, Trucking Firm will not be permitted to continue work, until valid proof of insurance coverage is obtained. Valid proof of insurance coverage means *both* a certificate of insurance and the required endorsements.***

***The Trucking Firm shall provide a copy of insurance certificates with endorsements and declaration pages with coverage amounts as specified below:***

All the below insurance policies should be written by companies authorized by the NYS Insurance Department (or state equivalent if the work is outside NYS) and have an A.M. Best Company rating of an (A-) or better.

No insurance policies obtained in accordance with this section shall exclude coverage for liability resulting from:

- Operations in New York State
- Applicability of either Section 240 or Section 241 of the New York State Labor Law

### **A) Workers' Compensation.**

As required by State Finance Law §142 (if work located in New York State otherwise equivalent for work in any other state (s)), the Trucking Firm shall maintain in force Workers' Compensation insurance, upon forms required by or acceptable to the Workers' Compensation Board for all of Trucking Firm's employees. Employer's Liability with limits of \$1,000,000.00 per accident, disease, or occupational injury.

Trucking Firm shall not be utilizing leased employees.

### **B) Disability Insurance.**

Trucking Firm shall also maintain disability insurance as required by the Disability Benefits Law of the state in which the company is domiciled and pays payroll taxes to.

If Trucking Firm is an out of state firm, working in New York State, Trucking Firm will be required to provide proof of New York State disability insurance.

### **C) Commercial General Liability Insurance.**

The Trucking Firm shall maintain an occurrence form commercial general liability policy or policies, insuring against liability arising from premises (including loss of use thereof), Independent Contractors, Explosion, Collapse & Underground, personal injury or death (with employee and contractual exclusions deleted), advertising injury, liability insured under an insured contract (including the tort liability of another assumed in a business contract), liability resulting from Section 240 or Section 241 of the New York State Labor Law, and Products/Completed operations, occurring on or in any way related to the premises or occasioned by reason of the operations of Trucking Firm. Such coverage shall be written on an ISO occurrence form (ISO Form CG 00 01 12 07 or a policy form providing equivalent coverage) in an amount of not less than \$1,000,000.00 per occurrence and not less than \$2,000,000.00 aggregate. Unless otherwise provided, the policy or policies of insurance providing the liability coverage shall include:

- a. General Liability Insurance shall apply separately on a per-job or per-project basis.
- b. Coverage for contractual liability assumed by the Trucking Firm insured under an insured contract (including the tort liability of another assumed in a business contract).
- c. All insurance policies required by these specifications except Workers' Compensation shall be endorsed to provide coverage to the respective Companies: **D.A. Collins Construction Co., Inc.; D.A. Collins Environmental Services, LLC; Infinity Aggregates, LLC; Jointa Galusha, LLC; Jointa Lime Company; Kubricky Construction Corp.; Kubricky-Jointa Lime, LLC; Palette Stone Corp., Array Foundation Services, LLC**, with respect to any and all claims arising from the Trucking Firm's Work under Agreement or as a result of Trucking Firm's Activities.
- d. Additional Insured Endorsements to be Primary and Non-Contributory using ISO form CG 20 10 11 85 or CG 20 38 04 13 AND CG 20 37 07 04 or the Equivalent. Any definitions of "Your Work" must include the Acts or Omissions of those acting on your behalf.
- e. A Waiver of Subrogation shall apply on **ALL POLICIES** in favor of the Company.
- f. Where contract work will be performed by unregistered off-road equipment, Trucking Firm shall provide documentation of a blanket Pollution Liability policy, or an endorsement to cover short-term pollution events, ISO form CG 04 33 10 01 or equivalent.
- g. Coverage for claims for bodily injury asserted by an employee of an additional insured and any Employer Liability Exclusion which may otherwise operate to exclude such coverage shall be voided in this respect.

**D) Commercial Automobile Insurance including liability and required coverage for the state in which the vehicle is registered.**

The Trucking Firm shall maintain a commercial or other automobile policy or policies insuring against liability for bodily injury, death, or damage to property and other mandatory coverages, relating to the use, operation, loading or unloading of any of Trucking Firm's automobiles (including owned, hired, and non-owned vehicles), on and around the project site. This should be ISO form CA 00 01 10 01, CA 00 01 01 87, or a policy form providing equivalent coverage along with mandatory endorsements. Coverage shall be in an amount of not less than \$1,000,000.00 each accident. For transporters of fuel or hazardous materials, policy shall include pollution liability broadened coverage for covered autos - business auto, motor carrier, and truckers' coverage through ISO form CA 99 48 12 93. For transporters of heavy equipment, Trucking Firm shall provide motor truck cargo coverage with a policy of minimum coverage of \$500,000.00.

**E) Additional Insured including:**

D.A. Collins Construction Co., Inc.; D.A. Collins Environmental Services, LLC; Infinity Aggregates, LLC; Jointa Galusha, LLC; Jointa Lime Company; Kubricky Construction Corp.; Kubricky-Jointa Lime, LLC; Palette Stone Corp., Array Foundation Services, LLC, are added to the General Liability and Auto Liability as additional insured on a Primary & Non-Contributory basis and must be noted on Insurance Certificate (s) and Endorsement (s) provided.

**F) Waiver of Subrogation:**

In favor of additional insured parties for General Liability, Auto Liability, and Workers' Compensation policies, must be noted on Insurance Certificate (s) and Endorsement (s) provided.

**G) The following Insurance Certificate MUST be utilized:**

Acord 25 – Certificate Holder should be: D.A. Collins Construction Co., Inc.

Address for Certificate Holder:  
D.A. Collins Construction Co., Inc.  
269 Ballard Rd.  
Wilton, NY 12831

If Trucking Firm is exempt from Workers' Compensation and/or Disability, a CE-200: Certificate of Attestation of Exemption should be submitted.

**H) Minimal Required Endorsements/Policy Declaration Pages to be supplied:**

- General Liability Additional Insured
- General Liability Additional Insured Ongoing Operations
- General Liability Additional Insured Completed Operations
- General Liability Waiver of Subrogation
- General Liability Primary & Non-Contributory
- General Liability Designated Aggregate Per Project
- General Liability Listing of Forms
- General Liability 30-Day Notice of Cancellation
- Auto Liability Additional Insured
- Auto Liability Waiver of Subrogation
- Auto Liability Primary & Non-Contributory
- Auto Liability Broadened Pollution ISO form CA 9948 (if applicable for vehicles used for transporting hazardous materials)
- Auto Liability MCS90 (if applicable for vehicles used for transporting hazardous materials)
- Auto Liability Listing of Forms
- Auto Liability 30-Day Notice of Cancellation
- Workers' Compensation Waiver of Subrogation
- Workers' Compensation Declaration Page, Section 3A, showing the state (s) in which, the work is being performed
- Workers' Compensation Listing of Forms
- Workers' Compensation 30-Day Notice of Cancellation
- Where contract work will be performed by unregistered off-road equipment, Trucking Firm shall provide documentation of a blanket Pollution Liability policy, or an endorsement to cover short-term pollution events, ISO form CG 04 33 10 01 or equivalent (if applicable).

## NOTES

### ADMINISTRATIVE:

- A) Trucking Firm shall provide a list of proposed trucks including the truck designation, driver name, ownership, license, and cell phone number.
- B) Trucking Firm shall provide the agreed upon number of trucks daily, unless notified the prior day.
- C) The Contractor is to give 2-1/2 hours' notice prior to the scheduled start, if canceling work for the day.
- D) Trucking Firm will not be paid the minimum due to highway closures beyond the Contractor's control.
- E) Trucking Firm will not be paid for unauthorized stoppages or meal breaks.
- F) **Company Truck Trip Tickets must be filled out for each truck every day. The Foreperson or Plant Operator must sign out each truck at the end of the shift, allowing reasonable time to return to leave the project. **The Trip Tickets must be completed as shown on the Trip Ticket Sample, emailed to you. Unsatisfactory tickets will not be accepted and will delay payment.****
- G) Payment terms are **NET 14 days**.

### SAFETY:

- A) Trucking Firm shall meet all OSHA, ANSI, and MSHA standards, including fall protection when covering and uncovering loads.
- B) Worker protection during shall include the appropriate PPE when exiting their trucks (Hard hats with a 1" x 3" reflective strip on each side, Class II Vests (Class III during nighttime operations) consisting of high visibility apparel with retro-reflective stripes and piping, white or silver in color, visible for a minimum of 1,000 feet in all directions under headlight illumination) safety glasses, long pants, and leather work boots.
- C) All vehicles with a GVWR greater than 10,000 lbs. and with restricted visibility to the rear shall be equipped with an operational audible backup alarm. Any vehicle with a non-operational backup alarm shall be taken out of service until the alarm is repaired.
- D) All vehicles and equipment within the contract limits and on the roadway shall be equipped with a rotating amber or flashing Light Emitting Diode (LED) beacon visible from all directions for a minimum of 1,000 feet during daylight. Flashing LED beacons shall meet the requirements of SAE J845 Class 2. Strobe lights shall not be used.
- E) All trucks with a GVWR greater than 10,000 lbs. shall display a minimum 2 inch wide band of reflective sheeting on the front, rear and each side. The sheeting need not be continuous, but the sum of the length of the segments shall be at least one-half the length of the body or trailer. The centerline of the sheeting shall be between 15 inches and 60 inches above the ground. All other construction equipment shall display a minimum 2 inch wide band of reflective sheeting on the front and rear (100 square inches per end minimum) as practicable. Reflective markings on construction vehicles and equipment shall conform to §730-05 Reflective Sheeting ASTM Type III, Type VII or Type IX.
- F) All construction vehicles and equipment operating within the contract limits, whether in the workspace, in the traffic space, in spoil areas, in storage areas, or any other areas under the contract, shall be operated at all times with due consideration for the safety of the public and workers. All vehicles and equipment within the contract limits and on the roadway shall operate a rotating or flashing amber beacon. If visibility of the beacon is blocked by a portion of the vehicle or equipment, additional beacons shall be Short-term delivery vehicles not equipped with rotating or flashing amber beacon shall display four-way emergency flashers when in the temporary traffic control zone. Other than vehicles registered and meeting all applicable requirements of the NYS Vehicle and Traffic Law, no construction vehicle or equipment used in the performance of the work shall be permitted to operate in travel lanes or shoulders open to traffic unless proper traffic control devices and other safety measures are in place to warn drivers of the presence of the equipment.
- G) Trucking Firms are to use access racks at the plant to apply release agent and tie-down tarps. Trucking Firms will release tie-downs with hooks. No climbing on truck bodies is permitted, as this is an OSHA violation.
- H) Trucking Firms shall only use an approved release agent. This agent will be provided at the plant, and available to fill spray bottles to apply on the job. The use of diesel fuel as

a release agent is cause for immediate dismissal without payment.

- I) Any load that may have traces of fuel oil in the truck box or does not have a DOT approved tarp will be rejected. If for any reason the load is rejected, the Trucking Firm is responsible for any and all costs and disposal of the load.
- J) Any truck deemed to be in non-compliance with any of the above-mentioned guidelines or any other safety guidelines, as determined by the Contractor, will be immediately dismissed from the job.

**NOTICE - THE FOLLOWING HAZARDS & DANGEROUS CONDITIONS MAY AND/OR WILL BE PRESENT AT OUR MINES:**

- A) Heavy Equipment/Traffic Movement – Traffic movement is continuous on the site. Please observe and obey posted speed limits and follow established traffic patterns. Passing Haul Trucks in the quarry is strictly forbidden.
- B) Hazardous Road Conditions – Watch out for large rocks and other debris within the roadways.
- C) Dust - There is a potential for dust created from blasts and crushers. It is advisable to avoid the dust or wear proper personal protective gear.
- D) Noise - Areas are posted where noise produced exceeds 85 decibels. When working in or near these areas, you must utilize hearing protection.
- E) Loading Area & Falling Material - There is potential for falling material and constant equipment/traffic movement within designated loading areas. Falling material may occur from equipment/vehicles/crushers/conveyors/piles/highwalls.
- F) Blasting - Blasting is performed in designated areas only. These areas are designated by cones, signs, and by the blasters to limit activity. **ONLY** Authorized Personnel are allowed in this area.
- G) Highwalls – Highwalls are scaled, but there is always the potential for loose and falling material, especially after blasts.
- H) Crushing Equipment and Conveyors - Being caught in, caught between, struck by, or contacted by any of our crushing equipment, conveyors, including material coming off the conveyors.
- I) Equipment Fueling Areas – Areas posted for equipment fueling are for diesel fuel and gasoline. **THERE IS ABSOLUTELY NO SMOKING IN THESE POSTED AREAS.**
- J) Overhead wires – Please observe carefully.

**HEALTH AND SAFETY STANDARDS TO BE FOLLOWED:**

- A) Seat belts **must** be worn at all times.
- B) Drivers are required to wear hard hats, safety glasses, safety vests, long pants, and sturdy boots at all times, when outside of their vehicle.
- C) Our loaders are radio dispatched. They can be reached by tuning to Channel 19.
- D) Please use caution when backing up. If you need a spotter, ask. Trucks must have a backup alarm in operable condition. Make sure you have a clear view.
- E) When arriving at a mine or quarry, if you have had no direction, please stop at the scale house, see the Scale Clerk, and sign in so you can be directed to the proper loading area.
- F) Please remain with and in your vehicle, at all times, unless it is an emergency.
- G) Trucks and vehicles will **NOT** be loaded unless the driver is in the vehicle.
- H) Drugs, alcohol, and weapons are **strictly prohibited** on any of our premises.
- I) Horseplay and/or recklessness will not be tolerated.
- J) Pay attention to all warning devices, signs, and signals.
- K) Heavy equipment vehicles and loaded trucks have the right-of-way on site or in our quarries.
- L) Fall Protection will be used in areas that pose a 6-foot fall or greater. This includes a full body harness and two lanyards.
- M) Stay out of restricted areas, unless accompanied by an Authorized Person.
- N) No smoking near fueling areas.
- O) Please be aware of your surroundings, equipment, and especially people at all times.

**MOTOR CARRIER SAFETY REGULATIONS:**

- A) All Trucking Firms and their employees are obligated to perform in accordance with all applicable terms, provisions, laws, and regulations, including the Motor Carrier Safety Regulations of the state (s) in which they perform work.
- B) I am aware that a Hard Hat and ANSI Class II Safety Vest, anytime I am outside of the cab while at the plant, quarry area, or on a project is required.
- C) I will not carry or have in my or my driver's possession any alcohol, contraband, drugs, firearms, and/or any type of weapons while working under this Agreement.
- D) I will not wear shorts and/or cut-off tee shirts at any time when working under this Agreement.
- E) I am aware that all loads must be tarped, and spreader plates must be cleaned before leaving the yard. Asphalt loads must be tarped with straps and pulled over the sides.
- F) I am aware that lubricating and cleaning truck bodies with any solution, other than those approved by DOT and EPA standards, is strictly prohibited (NO FUEL OIL).
- G) I am aware that my vehicle may not be left unattended on any job site.
- H) I understand that maintenance of my truck shall not be completed on a Company controlled site.
- I) I acknowledge my responsibility to mitigate/abate any spills of material or lubricants caused by misuse or improper maintenance.
- J) I understand that if any of the above regulations are not followed, I may be denied access to the quarry or project site.

**I, the undersigned, have authority to execute this Agreement and I have received a copy of the rules and regulations, including information on the Mine Site Hazards. I understand that it is my responsibility to ensure that all required trucking documents are current and in effect, relating to items delivered, or work performed in connection with this Agreement. I have thoroughly read and reviewed this Agreement in its entirety and agree to be bound by all terms and conditions thereafter.**

**Trucking Firm Owner**

\_\_\_\_\_

**Business Name and/or DBA**

\_\_\_\_\_

**Printed Name**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_



# D.A. COLLINS COMPANIES

## SUBCONTRACTOR/VENDOR CODE OF ETHICS

The D.A. Collins Family of Companies (DAC) is committed to the highest standards of integrity in its business dealings. Accordingly, all Subcontractors/Vendors and the DAC employees who work with them are expected to conduct themselves consistent with the highest standards of honesty, integrity, and ethical conduct and to comply strictly with all applicable laws. Subcontractors/Vendors should exercise such care in their dealings and practices as to avoid even the appearance of impropriety or conflict of interest.

To ensure that Subcontractors/Vendors are aware of the ethical standards to which they will be held, DAC requires all Subcontractors/Vendors to acknowledge the following Code of Ethics and to apply scrupulously this Code in all dealings with DAC. Failure to sign and return a copy of this Code with your Subcontract/Purchase Order will delay, and if not returned, ultimately prevent your receipt of a fully executed, and therefore operative, Subcontract/Purchase Order.

For purposes of this Code of Ethics, "Subcontractor/Vendor" means the company, corporation or other entity named as the Subcontractor/Vendor, and its officers, employees, agents and or other representatives.

### CODE OF ETHICS

1. Subcontractor/Vendor shall comply with all laws, regulations, standards and policies applicable to Subcontractor/Vendor and its dealings with DAC including government/private customer contractual requirements which flow down to Subcontractor/Vendor through its contract with DAC. When the General Contract is with the U.S. Government, these laws and rules include the Anti-Kickback Act of 1986 (41 U.S.C. 51-58) and those regarding suspension and debarment.
2. Subcontractor/Vendor shall not offer to any DAC employee any money, goods, gift, loan entertainment, future employment, business/investment opportunity, or any other thing of value to obtain favorable treatment from DAC. DAC employees are similarly prohibited from soliciting such items. This prohibition extends to immediate family members of both Subcontractor/Vendor and DAC employees. Provided a gift or entertainment is not intended to obtain favorable treatment for the Subcontractor/Vendor and does not create the appearance of a bribe, kickback, payoff or other prohibited conduct, DAC employees are not prohibited from accepting a gift or entertainment if: (1) the gift or entertainment is \$50 or less in value, (2) acceptance is consistent with DAC business practices, and (3) acceptance does not violate any applicable law.
3. Subcontractor/Vendor shall not enter into a financial or any other relationship with a DAC employee that creates a conflict of interest. A conflict of interest arises when the material personal interests of the DAC employee are inconsistent with the responsibilities of his/her position with DAC. All such conflicts must be disclosed and eliminated. Even where no actual conflict of interest exists, the appearance of a conflict of interest can be damaging to DAC and the Subcontractor/Vendor and, therefore, must be disclosed to DAC management.
4. Subcontractor/Vendor shall not engage in collusive bidding, price fixing, price discrimination, or other unfair trade practices in violation of antitrust or anti-competition laws.
5. Subcontractor/Vendor shall furnish services, products and/or materials that conform in all respects of quality and quantity with the requirements of the Subcontract/Purchase Order. Should Subcontractor/Vendor become aware that any such service, product or material previously furnished does not so conform, is defective, or is deficient in some other respect, Subcontractor/Vendor shall promptly notify DAC.
6. Subcontractor/Vendor shall promptly notify DAC's Compliance Officer at [kdandrea@dacollins.com](mailto:kdandrea@dacollins.com) or CEO at [djcollins@dacollins.com](mailto:djcollins@dacollins.com) of any conduct believed in good faith to be actual, apparent, or potential violation of this Code by any Subcontractor/Vendor or DAC employee. Prompt reporting is in the best interest of all concerned. Reports may also be made by mail addressed to DAC's Compliance Officer or CEO at the address above. All reports will be treated as confidentially as possible.

<b>Subcontractor/Vendor Name</b>	
<b>By (Signature)</b>	
<b>Print Name</b>	
<b>Title</b>	
<b>Date</b>	



**FORWARD INSURANCE REQUIREMENTS TO INSURANCE AGENT**

To Whom It May Concern,

Recently it has been brought to our attention that numerous insurance companies are writing exclusions into policies without notifying the insured. We have been notified that many of the exclusions which are not clearly written will cancel out any of the requirements agreed upon in our signed contract.

Exclusions of concern:

- Policy language that removes or diminishes coverage for work in the State of New York, type of work performed, and or type of structure.
- Exclusion or limitation on previously completed work.

Therefore, upon receipt of this letter including attachment, we are requesting you forward these to your insurance agent to complete and return to us.

Evidence of your insurance is required to confirm you are compliant with your contract with D.A. Collins Companies. Please be sure to provide a copy of the contract insurance requirements to your insurance provider to assure that all mandatory coverage is in place. Coverage compliance is between you and your insurance professional.

Thank you for your timely response to this matter.

## 11. INSURANCE CERTIFICATES:

Evidence of Insurance – **Prior to commencing any Trucking Services, the Trucking Firm shall furnish certificates of insurance, executed by an authorized representative, setting out compliance with the insurance requirements set forth below.**

*\*If your Firm's insurance policies have changed from last season or have expired, we are requesting your insurance to be submitted. If your Firm's insurance policies have not changed, nor have expired, your Firm's insurance is on file in our system. It is the Trucking Firm's responsibility to ensure valid insurance is on file with Company, prior to commencing any Trucking Services.*

***NOTE: If at any time an insurance policy lapses, Trucking Firm will not be permitted to continue work, until valid proof of insurance coverage is obtained. Valid proof of insurance coverage means *both* a certificate of insurance and the required endorsements.***

***The Trucking Firm shall provide a copy of insurance certificates with endorsements and declaration pages with coverage amounts as specified below:***

All the below insurance policies should be written by companies authorized by the NYS Insurance Department (or state equivalent if the work is outside NYS) and have an A.M. Best Company rating of an (A-) or better.

No insurance policies obtained in accordance with this section shall exclude coverage for liability resulting from:

- Operations in New York State
- Applicability of either Section 240 or Section 241 of the New York State Labor Law

### **A) Workers' Compensation.**

As required by State Finance Law §142 (if work located in New York State otherwise equivalent for work in any other state (s)), the Trucking Firm shall maintain in force Workers' Compensation insurance, upon forms required by or acceptable to the Workers' Compensation Board for all of Trucking Firm's employees. Employer's Liability with limits of \$1,000,000.00 per accident, disease, or occupational injury.

Trucking Firm shall not be utilizing leased employees.

### **B) Disability Insurance.**

Trucking Firm shall also maintain disability insurance as required by the Disability Benefits Law of the state in which the company is domiciled and pays payroll taxes to.

If Trucking Firm is an out of state firm, working in New York State, Trucking Firm will be required to provide proof of New York State disability insurance.

### **C) Commercial General Liability Insurance.**

The Trucking Firm shall maintain an occurrence form commercial general liability policy or policies, insuring against liability arising from premises (including loss of use thereof), Independent Contractors, Explosion, Collapse & Underground, personal injury or death (with employee and contractual exclusions deleted), advertising injury, liability insured under an insured contract (including the tort liability of another assumed in a business contract), liability resulting from Section 240 or Section 241 of the New York State Labor Law, and Products/Completed operations, occurring on or in any way related to the premises or occasioned by reason of the operations of Trucking Firm. Such coverage shall be written on an ISO occurrence form (ISO Form CG 00 01 12 07 or a policy form providing equivalent coverage) in an amount of not less than \$1,000,000.00 per occurrence and not less than \$2,000,000.00 aggregate. Unless otherwise provided, the policy or policies of insurance providing the liability coverage shall include:

- a. General Liability Insurance shall apply separately on a per-job or per-project basis.
- b. Coverage for contractual liability assumed by the Trucking Firm insured under an insured contract (including the tort liability of another assumed in a business contract).
- c. All insurance policies required by these specifications except Workers' Compensation shall be endorsed to provide coverage to the respective Companies: **D.A. Collins Construction Co., Inc.; D.A. Collins Environmental Services, LLC; Infinity Aggregates, LLC; Jointa Galusha, LLC; Jointa Lime Company; Kubricky Construction Corp.; Kubricky-Jointa Lime, LLC; Palette Stone Corp., Array Foundation Services, LLC**, with respect to any and all claims arising from the Trucking Firm's Work under Agreement or as a result of Trucking Firm's Activities.
- d. Additional Insured Endorsements to be Primary and Non-Contributory using ISO form CG 20 10 11 85 or CG 20 38 04 13 AND CG 20 37 07 04 or the Equivalent. Any definitions of "Your Work" must include the Acts or Omissions of those acting on your behalf.
- e. A Waiver of Subrogation shall apply on **ALL POLICIES** in favor of the Company.
- f. Where contract work will be performed by unregistered off-road equipment, Trucking Firm shall provide documentation of a blanket Pollution Liability policy, or an endorsement to cover short-term pollution events, ISO form CG 04 33 10 01 or equivalent.
- g. Coverage for claims for bodily injury asserted by an employee of an additional insured and any Employer Liability Exclusion which may otherwise operate to exclude such coverage shall be voided in this respect.

**D) Commercial Automobile Insurance including liability and required coverage for the state in which the vehicle is registered.**

The Trucking Firm shall maintain a commercial or other automobile policy or policies insuring against liability for bodily injury, death, or damage to property and other mandatory coverages, relating to the use, operation, loading or unloading of any of Trucking Firm's automobiles (including owned, hired, and non-owned vehicles), on and around the project site. This should be ISO form CA 00 01 10 01, CA 00 01 01 87, or a policy form providing equivalent coverage along with mandatory endorsements. Coverage shall be in an amount of not less than \$1,000,000.00 each accident. For transporters of fuel or hazardous materials, policy shall include pollution liability broadened coverage for covered autos - business auto, motor carrier, and truckers' coverage through ISO form CA 99 48 12 93. For transporters of heavy equipment, Trucking Firm shall provide motor truck cargo coverage with a policy of minimum coverage of \$500,000.00.

**E) Additional Insured including:**

D.A. Collins Construction Co., Inc.; D.A. Collins Environmental Services, LLC; Infinity Aggregates, LLC; Jointa Galusha, LLC; Jointa Lime Company; Kubricky Construction Corp.; Kubricky-Jointa Lime, LLC; Palette Stone Corp., Array Foundation Services, LLC, are added to the General Liability and Auto Liability as additional insured on a Primary & Non-Contributory basis and must be noted on Insurance Certificate (s) and Endorsement (s) provided.

**F) Waiver of Subrogation:**

In favor of additional insured parties for General Liability, Auto Liability, and Workers' Compensation policies, must be noted on Insurance Certificate (s) and Endorsement (s) provided.

**G) The following Insurance Certificate MUST be utilized:**

Acord 25 – Certificate Holder should be: D.A. Collins Construction Co., Inc.

Address for Certificate Holder:  
D.A. Collins Construction Co., Inc.  
269 Ballard Rd.  
Wilton, NY 12831

If Trucking Firm is exempt from Workers' Compensation and/or Disability, a CE-200: Certificate of Attestation of Exemption should be submitted.

**H) Minimal Required Endorsements/Policy Declaration Pages to be supplied:**

- General Liability Additional Insured
- General Liability Additional Insured Ongoing Operations
- General Liability Additional Insured Completed Operations
- General Liability Waiver of Subrogation
- General Liability Primary & Non-Contributory
- General Liability Designated Aggregate Per Project
- General Liability Listing of Forms
- General Liability 30-Day Notice of Cancellation
- Auto Liability Additional Insured
- Auto Liability Waiver of Subrogation
- Auto Liability Primary & Non-Contributory
- Auto Liability Broadened Pollution ISO form CA 9948 (if applicable for vehicles used for transporting hazardous materials)
- Auto Liability MCS90 (if applicable for vehicles used for transporting hazardous materials)
- Auto Liability Listing of Forms
- Auto Liability 30-Day Notice of Cancellation
- Workers' Compensation Waiver of Subrogation
- Workers' Compensation Declaration Page, Section 3A, showing the state (s) in which, the work is being performed
- Workers' Compensation Listing of Forms
- Workers' Compensation 30-Day Notice of Cancellation
- Where contract work will be performed by unregistered off-road equipment, Trucking Firm shall provide documentation of a blanket Pollution Liability policy, or an endorsement to cover short-term pollution events, ISO form CG 04 33 10 01 or equivalent (if applicable).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> ABC Insurance Co. Street Address Town, State, Zip	<b>CONTACT NAME:</b> agent contact information	
	<b>PHONE (A/C. No. Ext):</b>	<b>FAX (A/C. No.):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b>	Ins. Co. Name & Rating; Must have AM Best Rating	99999
<b>INSURER B:</b>	of A-/VII or better	
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**  
 Subcontractor  
 Street Address  
 Town, State, Zip

DACOLLI-01

**COVERAGES**

CERTIFICATE NUMBER: 705598161

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Incl GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			Policy Number	00/00/0000	00/00/0000	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Policy Number	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Policy Number	00/00/0000	00/00/0000	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	NY Disability			Policy Number	00/00/0000	00/00/0000	Continuous Statutory

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

D.A. Collins Construction Co. Inc., D.A. Collins Environmental Services, LLC, Infinity Aggregates, LLC, Jointa Galusha, LLC, Jointa Lime Company, Kubricky Construction Corp., Kubricky-Jointa Lime, LLC, Palette Stone Corp., Array Foundation Services, LLC, OWNER, and any other entity required by written contract are included as Additional Insureds as required by written contract executed prior to a loss, but limited to the operations of the Insured under said contract, for ongoing & completed operations with respect to the General Liability and Automobile Liability policies. General Liability and Automobile Liability evidenced herein is primary and noncontributory to other insurance available to an additional insured, but only to the extent required by written contract with the insured and executed prior to a loss. A Waiver of subrogation applies in favor of above named Additional Insureds with respect to insured operations where required by written contract but limited to the operations of the Insured under said Contract and executed prior to a loss, with respect to the General Liability, Automobile Liability, and Workers' Compensation policies. (Attach endorsements) 30 days' notice of cancellation or non-renewal will be provided to Certificate Holder, except 10 days' notice for cancellation for non-payment of premium.

**CERTIFICATE HOLDER****CANCELLATION**

D.A. Collins Construction Co., Inc. 269 Ballard Rd. Wilton, NY 12831	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Agent Signature
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STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS **DISABILITY** BENEFITS LAW

**PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p><b>SUBCONTRACTOR'S NAME</b> <b>STREET ADDRESS</b> <b>TOWN, STATE ZIP</b></p>	<p>1b. Business Telephone Number of Insured <b>XXX-XXX-XXXX</b></p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured <b>XXXX</b></p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number <b>XXXX</b></p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p><b>D.A. Collins Construction Co., Inc.</b> <b>269 Ballard Road</b> <b>Wilton, NY 12831</b></p>	<p>3a. Name of Insurance Carrier <b>XXXXXXXXXX</b></p> <p>3b. Policy Number of entity listed in box "1a": <b>XXXXXX</b></p> <p>3c. Policy effective period: <b>00/00/0000</b> to <b>00/00/0000</b></p>

4. Policy covers:

a.  All of the employer's employees eligible under the New York Disability Benefits Law

b.  Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number \_\_\_\_\_ Title Authorized Representative

**IMPORTANT:** If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  
If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

**PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)**

**State Of New York  
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Title \_\_\_\_\_

**Please Note:** Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**

## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". ***This Certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "3c".***

Please Note: Upon the cancellation of the disability benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

### DISABILITY BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name and address of Insured (Use street address only)</p> <p><b>SUBCONTRACTOR'S NAME &amp; ADDRESS</b></p> <p>Work Location of Insured (<i>Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy</i>)</p>	<p>1b. Business Telephone Number of Insured <b>XXXXXX</b></p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured <b>XXXXXXXX</b></p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number <b>XXXXXXXX</b></p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p><b>D.A. Collins Construction Co., Inc.</b> <b>269 Ballard Road</b> <b>Wilton, NY 12831</b></p>	<p>3a. Name of Insurance Carrier <b>XXXXXXXX</b></p> <p>3b. Policy Number of entity listed in box "1a": <b>XXXXXXXX</b></p> <p>3c. Policy effective period: <b>__00/00/0000__ to __00/00/0000__</b></p> <p>3d. The Proprietor, Partners or Executive Officers are: <input type="checkbox"/> <b>included.</b> (Only check box if all partners/officers included) <input type="checkbox"/> <b>all excluded or certain partners/officers excluded.</b></p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

*The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.*

**Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: \_\_\_\_\_  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: \_\_\_\_\_  
(Signature) (Date)

Title: \_\_\_\_\_

Telephone Number of authorized representative or licensed agent of insurance carrier: \_\_\_\_\_

**Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.**

C-105.2 (9-07)

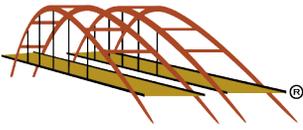
## Workers' Compensation Law

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

SAMPLE



# D.A. COLLINS COMPANIES

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Dear Valued Business Partner:

As you may already know, effective December 30, 2024, New York State has enacted legislation that mandates all contractors and subcontractors engaged in public work (and certain covered private projects) in New York State register their business with and be authorized to perform work by the Department of Labor (DOL). We are writing to share this information with you and to outline key details of the Registry process.

## Key Details:

- **Registration Requirement:** Contractors must register through the online portal with the DOL **before** submitting a bid on public work or engaging in work on covered private projects. Subcontractors must be registered prior to performing any work on a covered project.

The Registry **mandates** that all businesses doing work for NYS register every two years, and disclose detailed business information, including past compliance with workers' compensation, prevailing wage standards, and other labor laws.

- **Effective Date:** The requirement goes into effect on **December 30, 2024**.

After December 30, 2024, any contractor who bids on or begins work on a covered project while knowing that they are not registered with DOL will be subject to a civil penalty of up to \$1000 and a stop work order may be issued. Contractors that allow a subcontractor to start work on a covered project where they know, or should have known, that the subcontractor is not registered will be held liable for a violation.

**Registration Fee:** There is a nonrefundable fee of \$200 to register with DOL. There is a reduced nonrefundable fee of \$100 for New York State certified Minority or Women Owned Business Entrepreneurs (MWBE) to register with DOL.

**Registration link:** <https://dol.ny.gov/what-you-need-register-contractor-and-subcontractor-registry>

- **Information Required for registration link:** <https://dol.ny.gov/what-you-need-register-contractor-and-subcontractor-registry>
- **FAQs:** <https://dol.ny.gov/frequently-asked-questions-nysdol-contractor-registry>

## NYSDOL Upcoming Event:

The DOL will provide a presentation on this new registration requirement and other important updates at the AGC NYS/Suit-Kote Construction Industry Conference, taking place from December 10-12 in Saratoga Springs, NY. To learn more about the conference, visit: [AGC NYS Industry Conference](#).

To avoid project delays and/or disputes, it is strongly recommended that all potential subcontractors register to avoid delays and subsequent disputes. As such, we are passing this information along to all subcontractors that we may potentially work with and strongly encourage you to register as soon as possible. We also encourage you to pass this information on to any other subcontractors with whom you do business.

If you have any questions about our process, please feel free to contact any of our Contracts team: me, Brooke Bottum, or Conner Whitman at (518) 792-5864 or (518) 664-9855. We thank you for your cooperation, look forward to working with you in 2025, and we appreciate your assistance in completing your registration to make sure we are all authorized to do work with NYS.

Sincerely,

*Suzanne Olden*

Suzanne Olden

Contracts

**TRIP TICKET**

**COMPANY**

- D.A. Collins Construction Co., Inc.
- Kubricky Construction Corp.
- Kubricky-Jointa Lime, LLC.
- D.A. Collins Environmental Services, LLC.
- Array Foundation Services, LLC
- Pallette Stone Corp.
- Jointa Lime Company
- Jointa Galusha, LLC.
- Infinity Aggregates, LLC.

Truck Owner: \_\_\_\_\_ Driver: \_\_\_\_\_ Job Name: \_\_\_\_\_ Date: \_\_\_\_\_

LOAD	HAULED FROM	MATERIAL	SLIP #	TONS	ARRIVE PLANT	LEAVE PLANT	ARRIVE JOB	LEAVE JOB	NOTES
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Foreperson's Signature: \_\_\_\_\_

FOR COMPANY USE ONLY	
Start Miles: _____	Finish Miles: _____
Fuel (gals): _____	

Driver's Signature: \_\_\_\_\_

*\*Signatures of both foreperson and driver are required.*

**TRIP TICKET**

**COMPANY**

- D.A. Collins Construction Co., Inc.
- Kubricky Construction Corp.
- Kubricky-Jointa Lime, LLC.
- D.A. Collins Environmental Services, LLC.
- Array Foundation Services, LLC
- Palette Stone Corp.
- Jointa Lime Company
- Jointa Galusha, LLC.
- Infinity Aggregates, LLC.

Truck Owner: Trucking Firm Name

Driver: First & Last Name (Legal Names Only) Job Name: ABC Rd - D123456

Date: MM/DD/YYYY

LOAD	HAULED FROM	MATERIAL	SLIP #	TONS	ARRIVE PLANT	LEAVE PLANT	ARRIVE JOB	LEAVE JOB	NOTES
1	Job Name	Millings					7:30am	7:44am	CP/PW
2	Material Supplier	Material Hauled - Asphalt	123456	25.00	8:06am	8:27am	9:05am	9:15am	
3	Job Name	Millings					9:21am	9:31am	CP/PW
4	Material Supplier	Material Hauled - Stone	234567	33.00	9:54am	10:07am	10:45am	11:03am	CP/PW
5	Job Name	Millings					11:10am	11:20am	CP/PW
6	Material Supplier	Material Hauled - Asphalt	345678	40.00	11:49am	11:54am	12:33pm	12:37pm	
7	Material Supplier	Material Hauled - Sand	456789	28.00	1:06pm	1:19pm	1:56pm	2:30pm	CP/PW
8	Onsite	Sitework					2:30pm	3:30pm	CP/PW
9									
10									
11									
12									

Start Time: 7:30am Finish Time: 3:30pm

Foreperson's Signature: Foreperson Signature

FOR COMPANY USE ONLY	
Start Miles: _____	Finish Miles: _____
Fuel (gals): _____	

Driver's Signature: Driver Signature

\*Signatures of both foreperson and driver are required.

TRIP TICKET DUE BACK TO OFFICE BY THE NEXT BUSINESS DAY.

**Total Hours for the Day = 8.0 hours**

**PAYROLL**

**For contractor's optional use; see instructions at [dol.gov/agencies/whd/forms/wh347](http://dol.gov/agencies/whd/forms/wh347)**

*Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.*

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				S	S	S	S	S	S	S									
			O																
			S																
			O																
			S																
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			O																
			S																

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 "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 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 S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210



## How to Correctly Fill Out a WH-347 Payroll Form

The completion of the WH-347 Payroll Form is optional; contractors may utilize their own payroll system as long as it conforms to the WH-347 Payroll Form and contains all the necessary information. If you utilize WH-347 Payroll Form as a pdf, saving it electronically aids in making any needed corrections.

Check one of the boxes and list name of contractor or subcontractor

The last day of the payroll period.

Fill out completely with contractor or subcontractor address

**U.S. Department of Labor**  
Employment Standards Administration  
Wage and Hour Division

**PAYROLL**  
(For Contractor's Optional Use; See instructions at [www.dol.gov/esa/whd/forms/wh347instr.htm](http://www.dol.gov/esa/whd/forms/wh347instr.htm))  
*Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.*

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

NAME OF CONTRACTOR  OR SUBCONTRACTOR

Sample Construction Company

ADDRESS 385 West Drive, Madison WI 53703

OMB No.: 1215-0149  
Expires: 12/31/2011

PAYROLL NO. 8

FOR WEEK ENDING 04/24/2010

PROJECT AND LOCATION  
Robin Street Apartments, Delafield WI 53018

PROJECT OR CONTRACT NO.  
3000

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. 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	
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	State with- holding tax	Medicare	OTHER		TOTAL DEDUCTIONS
			Sun	Mon	Tue	Wed	Thu	Fri	Sat										
Alex Driver - #####	2	Power Equipment Operator Bull Dozer Group						2.00	2.00	\$62.83	\$1,422.84	\$161.00	\$185.15	\$156.97	\$50.31	\$85.00	\$642.43	\$1,374.03	
				8.00	8.00	5.50	6.00		27.50	\$1,132.15	\$2,012.46								

Payrolls must be numbered sequentially and should be based on the weeks worked under a contract.  
  
Type the word "Final" when the last payroll is submitted for the project.

Indicate the days and dates of the pay period. (should match week ending directly above)

The name and location of project.

The prime contractor should include the project number as listed in the loan

List each worker's name.

Only laborers and mechanics performing construction work under the contract should be listed.

Please note: Business Owners need only include their name, work classification including "owner" and the daily total hours worked.

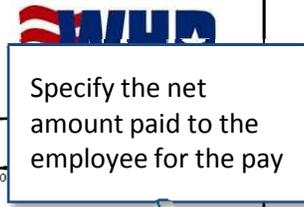
Specify the job classification located in the contract wage decision and/or the corresponding job title.

List hourly wage rate and fringes paid in cash (not those paid to plans)

Specify the net amount paid to the employee for the pay

(For Contractor's Optional Use; See instructions at [www.dol.gov/esa/whd/forms/wh347instr.htm](http://www.dol.gov/esa/whd/forms/wh347instr.htm))

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Company Name: \_\_\_\_\_ ADDRESS: 385 West Drive, Madison, WI 53703  
 FOR WEEKENDING: 04/24-25-10 PROJECT AND LOCATION: Robin Street Apartments, Deblafiel WI 53018 PROJECT OR CO: 3000

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF DAYS EMPLOYED	WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK				
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	WITHH.	UNEMP.	STATE	OTHER						
Alex Driver - #####	2	Power Equipment Bull Dozer Group 2	0					2.00		2.00	\$62.83	\$1,422.84								\$161.00	\$538.43	\$1,374.03	
Jason Worker - #####	2	General Laborer						4.00		4.00	\$19.20	\$76.80								\$136.06	\$57.71	\$1,233.07	
Shawn Worker - #####	3	Carpenter						1.50		1.50	\$60.19	\$90.28								\$121.00	\$40.31	\$1,406.18	
		Apprentice Carpenter 1st 6 mo. at 40%						4.00		4.00	\$32.72	\$1,064.72								\$85.18	\$307.71	\$757.01	
		Plumber						2.00		2.00	\$67.88	\$1,004.80											
Roy Wrench - #####	5	Steamfitter						2.00		2.00	\$69.13	\$1,038.40								\$163.46	\$480.16	\$1,563.04	
Bart Turner - #####	1	Power Equipment Rotary Drill Group 4						2.00		2.00	\$60.80	\$719.28								\$113.45	\$415.93	\$1,023.27	

Specify the total overtime and straight time hours worked on the project.

Must accurately reflect overtime and straight time hours worked under the contract.

Specify the gross earnings for the hours worked under the contract.

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 (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each week to 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 for compliance with the Davis-Bacon Act and the Contract Work Hours and Material Act. Failure to comply with these requirements may result in the contractor or subcontractor being debarred from future Federal construction contracts.

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 comments on this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, write to the Office of Management and Budget, Paperwork Project Director (0344-0187), Washington, DC 20503.



A registered apprentice performing work under a contract must be reported. The payroll must include the current pay scale & provide a copy of the apprenticeship agreement.

**PAYROLL**  
 Optional Use; See Instructions at [www.dol.gov/esa/whd/forms/wh347](http://www.dol.gov/esa/whd/forms/wh347)  
 required to respond to the collection of information unless it displays a currently valid OMB control number.

Provide explanation of "other" deductions on signatory page.



ADDRESS 385 West Drive, Madison WI 53703

Expires: 05-01-2011

PROJECT AND LOCATION  
 Robin Street Apartments, Delafield WI 53018

PROJECT OR CONTRACT NO.  
 3000

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF (c) EXCEPTIONS	(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								
							HOURS WORKED EACH DAY							FICA	WITH-HOLDING TAX	State with-holding tax	Medicare	OTHER	TOTAL DEDUCTIONS	
							Sun	Mon	Tue	Wed	Thu		Frid	Sat						
Alex Driver - #####	2	Power Equipment Bull Dozer Group 2	o S	2.00 27.50	\$62.83	\$1,422.84 \$2,012.46	\$161.00	\$185.15	\$156.97	\$50.31	\$85.00	\$638.43	\$1,374.03							
Jason Worker - #####	2	General Laborer	o S	4.00 40.00	\$49.20	\$1,700.78 \$1,700.78	\$136.06	\$156.47	\$132.66	\$42.52		\$467.71	\$1,233.07							
Sharon Wood - #####	3	Carpenter	o S	1.50 40.00	\$60.19	\$1,887.49 \$1,887.49	\$151.00	\$154.77	\$128.35	\$47.19		\$481.31	\$1,406.18							
Reggie Tree - #####	1	Apprentice Carpenter 1st 6 mo. at 40%	o S		\$32.72	\$1,064.72 \$1,064.72	\$85.18	\$105.41	\$90.50	\$26.62		\$307.71	\$757.01							
Roy Wrench - #####	5	Plumber	o S		\$67.88	\$1,004.80 \$1,004.80														
Roy Wrench - #####	5	Steamfitter	o S		\$69.13	\$1,038.40 \$2,043.20	\$163.46	\$147.11	\$118.51	\$51.08		\$480.16	\$1,563.04							
Bart Turner - #####	1	Power Equipment Rotary Drill Group 4	o S		\$60.80	\$719.28 \$1,439.20	\$115.14	\$142.48	\$122.33	\$35.98		\$415.93	\$1,023.27							

Fringe benefits are not paid as cash to Bart Turner: explanation is included under "(c) exceptions" on signatory page.

While completion of Form WH-347 is required for all construction contracts under the Copeland Act (40 U.S.C. § 3145) contracts under 29 C.F.R. § 5.5(a)(3)(i) for a contractor or mechanic has been paid.

Employers who are generally 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 requires employers 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)(i) require employers to submit a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer on the project has received legally required wages and fringe benefits. Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take approximately 15 minutes to complete this form. 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, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

(over)

Date 04/28/2010

I, Tiffany Payer Payroll Supervisor  
(Name of Signatory Party) (Title)

do hereby state:

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

Sample Construction Company on the  
(Contractor or Subcontractor)  
Robin Street Apartments, Delafield WI; that during the payroll period commencing on the  
(Building or Work)  
18 day of 4, 2010, and ending the 24 day of 4, 2010,

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

Sample Construction Company 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:

Alex Driver - ##### - other deductions - \$85 for child support

Explanation of "other"

(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
Power Equipment Rotary Drill Group 4	paid directly to plan: health & dental at \$12.50 per hour and Pension at \$6.25 per hour

Explanation of exception to fringe benefits

REMARKS:

NAME AND TITLE  
Robert Sample, Owner

SIGNATURE

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.

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



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 <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1235-0008 Expires: 02/28/2018
Dirt Corp	1 Dirt Way, NY 12345	
PAYROLL NO. 1	FOR WEEK ENDING 06/03/2018	PROJECT AND LOCATION D263611 - Route 9W Cornwall
		PROJECT OR CONTRACT NO. D263611

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(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	Sa	Su				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				05/28	05/29	05/30	05/31	06/01	06/02	06/03										
HOURS WORKED EACH DAY																				
James Dirt Jr.	1	Truck Driver/Teamster/ Group 1	O										\$396.42							
			S	2.00	2.00	2.00					6.00	66.07	\$1,050.75	\$41.60	\$30.60				\$72.20	\$978.55
			O																	
			S																	
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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 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 "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 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 S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 06/12/18

I, James Dirt Sr. President/Owner  
(Name of Signatory Party) (Title)

do hereby state:

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

Dirt Corp

on the

(Contractor or Subcontractor)

D263611 Route 9W Cornwall Project; that during the payroll period commencing on the

(Building or Work)

28 day of May, 2018, and ending the 3 day of June, 2018,

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

Dirt Corp

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  
James Dirt Sr., President/Owner

SIGNATURE  
*James Dirt Sr.*

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.

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



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 <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> ABC Trucking, Inc.	ADDRESS 1234 ABC Trucking Avenue, Wilton, NY 12831	OMB No.: 1235-0008 Expires: 01/31/2015	
PAYROLL NO. 1	FOR WEEK ENDING 06/18/2022	PROJECT AND LOCATION 4567 Bridge Repair - Albany, NY	PROJECT OR CONTRACT NO. 1234567 Contract A

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				Su	M	T	W	Th	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				6/12	6/13	6/14	6/15	6/16	6/17	6/18									
John Smith	0		O																
			S	OWNER-OPERATOR															
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																

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 "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 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 S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

**NOTE:**

**15e17 Owner-operators of trucks and other hauling equipment.**

As a matter of administrative policy, the provisions of DBRA/CWHSSA are not applied to bona fide owner-operators of trucks who are independent contractors. For purposes of these acts, the certified payrolls including the names of such owner-operators need not show hours worked nor rates paid, but only the notation owner-operator. This position does not pertain to owner-operators of other equipment such as bulldozers, scrapers, backhoes, cranes, drilling rigs, welding machines, and the like. Moreover, employees hired by owner-operators are subject to DBRA in the usual manner.

Date 6/24/2022

I, John Smith Owner/Operator  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by ABC Trucking, Inc. on the (Contractor or Subcontractor)

4567 Bridge Repair; that during the payroll period commencing on the (Building or Work)

12 day of June, 2022, and ending the 18 day of June, 2022,

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

ABC Trucking, 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.

- 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
OWNER OPERATOR	

REMARKS:

NAME AND TITLE John Smith - Owner/Operator	SIGNATURE <i>John Smith</i>
---	--------------------------------

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.

New York State Department of Transportation  
**CONTRACTOR'S PAYROLL STATEMENT**

NAME OF CONTRACTOR <input type="checkbox"/>		OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS																	
PAYROLL No.	FOR WEEK ENDING	CONTRACT DESCRIPTION						COUNTY	Albany					CONTRACT No							
(1) EMPLOYEE NAME, RACE/GENDER CODE, SSN AND ADDRESS		(3) WORK CLASS	OT or ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) WAGE RATE	(6A) FRINGE RATE	(6B) FRINGES PAID IN CASH?	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID
				S	M	Tu	W	Th	F	S						FICA / MEDICARE	FED WITH- HOLDING	OTHER	TOTAL		
				HOURS WORKED EACH DAY																	
	O										0	0.00	0.00		0.00	0.00				0.00	0.00
				S							0										
	O										0	0.00	0.00		0.00	0.00				0.00	0.00
				S							0										
	O										0	0.00	0.00		0.00	0.00				0.00	0.00
				S							0										
	O										0	0.00	0.00		0.00	0.00				0.00	0.00
				S							0										
	O										0	0.00	0.00		0.00	0.00				0.00	0.00
				S							0										
	O										0	0.00	0.00		0.00	0.00				0.00	0.00
				S							0										
	O										0	0.00	0.00		0.00	0.00				0.00	0.00
				S							0										
	O										0	0.00	0.00		0.00	0.00				0.00	0.00
				S							0										

RACE/GENDER CODES: W-White/Caucasian B-Black H-Hispanic A-Asian NA-Native American / M-Male F-Female

WORK CLASSIFICATION CODES: LAB-Laborer OP-Equipment Operator SV-Surveyor TD-Truck Driver IW-Ironworker CP-Carpenter MS-Mason PT-Painter EL-Electrician  
Others (as Needed) - \_\_\_\_\_ INITIALS \_\_\_\_\_

New York State Department of Transportation  
**CONTRACTOR'S PAYROLL CERTIFICATION**

Date: [REDACTED], [REDACTED]

do hereby state:

(1) That I pay or supervise the payment of the persons employed by [REDACTED] on the [REDACTED] that during the payroll period commencing on [REDACTED] and ending on [REDACTED] 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 [REDACTED]

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:

Article 6 Section 193 of the New York State Labor Law, applicable to State projects, and as described below; OR Title 29, Code of Federal 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. 276c), applicable to Federal or Federally-aided projects, and as described below.

[REDACTED]

(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/she performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with: the New York State 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, payment 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	SIGNATURE	Date

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

New York State Department of Transportation  
**Contractor's Payroll Statement - Instructions**

**General:** The use of HC-231, Contractor's Payroll Statement, is not mandatory. This form has been made available for the convenience of contractors and subcontractors required by their NYS Highway Contracts and subcontracts to submit weekly payrolls, on State, Federal or Federal-Aid construction contracts. The Contractor shall show all monies paid to employees, whether as wages or as cash in lieu of fringe benefits. The Contractor's statement of compliance on the last page of the form should indicate whether payment of fringe benefits was made to others or paid as cash in lieu of fringe benefits.

**Name of Contractor or Subcontractor/Address:** Fill in the firm name, check appropriate box and fill in the firm address,

**Payroll No / Week Ending:** Number payrolls sequentially. Enter end date for payroll week as mm/dd/yy.

**Contract Description / County / Contract Number:** Enter contract description, County and contract D number.

**Column 1 – Employee Name, Race/Gender Code, Social Security Number (SSN) and Address:** Employee's full name shall be shown on each payroll. SSN and address shall be shown on the first payroll. Enter SSN as 123456789 (no dashes). SSN and address need not be shown on subsequent payrolls unless the employee's address changes.

**Column 3 – Work Class:** List work classification descriptive of work performed by employees. Consult classifications and wage rate schedule in contract documents. Employee may be shown as having worked in more than one work classification by using separate line entries for hours worked in each work classification. Total columns 7, 8 and 9 for an employee working in multiple classifications in the last line used for that employee. Common work classification codes are listed on the bottom of the payroll, create and enter other codes as needed.

**Column 4 – Hours Worked:** Enter straight time and overtime (in excess of 8 hours per day and 40 hours per week) worked.

**Column 5 – Total Hours:** The total is automatically calculated from the daily entries of hours worked.

**Column 6 – Wage Rate:** In straight time (lower) box, list hourly rate paid the employee for straight time worked. In overtime (upper) box show overtime hourly rate paid. The contractor shall pay to approved plans, funds, or programs or shall pay as cash in lieu of fringes amounts predetermined as fringe benefits in the wage rate schedule made part of the contract.

**Column 6A – Fringe Rate:** For fringe benefits paid in cash, list hourly fringe benefit rate for straight time in the lower box and list hourly fringe benefit rate for overtime in the upper box. If fringes are not paid in cash, rates need not be entered.

**Column 6B – Fringes Paid in Cash (Y/N)?:** Enter Y if fringe benefits are paid in cash, enter a N if fringes are not paid in cash.

**Column 7 – Gross Amount Earned:** Enter gross amount earned on this contract. If part of the employees' weekly wage was earned on contracts other than that described on this payroll, enter in column 7 first, the amount earned on this contract and then the gross amount earned during the week on all contracts. For example \$195.00/\$970.00.

**Column 8 – Deductions:** Four columns are provided for showing deductions. If more than four deductions are made, use first 3 columns; show the balance of deductions under "Other" column; show total under "Total Deductions" column; and in the attachment to the payroll describe the deductions contained in the "Other" column. All deductions must be in accordance with the provisions of the Article 6, Section 193 of the NYS Labor Law. If the employee worked on other contracts in addition to this one, show deductions from weekly gross wage, but indicate that deductions are based on gross wages.

**Column 9 – Net Wages Paid:** Net wages is calculated from the gross amount earned minus total deductions.

Payroll Certification Required by State and Federal Regulations: While this form need not be notarized, the certification statement is subject to the penalties provided by applicable State and Federal Laws. Initial each statement page and sign certification. The party signing this required certification should have knowledge of the facts represented as true.

Space is provided between items (1) and (2) of the Payroll Certification to describe any deductions made. If all deductions made are adequately described in the "Deductions" column above, state "See Deductions column in this payroll."

**FRINGE BENEFITS:** Contractors who pay fringe benefits to approved plans, funds, or programs in amounts not less than required in the wage rate schedule shall check 4(a) on the certification statement and note any exceptions in Section 4(c). Contractors who pay no fringe benefits to approved plans, funds, or programs shall check 4(b) on the certification statement and note any exceptions in Section 4(c). Contractors who make payments to an approved plan, fund, or program in amounts less than the required fringe rate shall pay the difference directly to the employee as cash in lieu of fringe benefits. Any exceptions to Section 4(a) or 4(b) shall be entered in Section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid the employee as cash in lieu of fringe benefits and the amount paid to plans, funds, or programs as fringe benefits.

New York State Department of Transportation  
**CONTRACTOR'S PAYROLL STATEMENT**

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS																		
<b>CONTRACTOR NAME - I.M. BUILDER</b>		<b>123 MAIN STREET, SOMEWHERE, NY 12345</b>																		
PAYROLL No.	FOR WEEK ENDING	CONTRACT DESCRIPTION							COUNTY	CONTRACT No										
<b>22</b>	<b>4/15/2005</b>	<b>(FROM PROPOSAL) Rte 123 Over Hudson River</b>							<b>Washington</b>	<b>D123456</b>										
(1) EMPLOYEE NAME, RACE/GENDER CODE, SSN AND ADDRESS	(3) WORK CLASS	OT or ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) WAGE RATE	(6A) FRINGE RATE	(6B) FRINGES PAID IN CASH?	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID	
			S	M	Tu	W	Th	F	S						FICA/ MEDICARE	FED WITH- HOLDING	STATE INCOME	OTHER		TOTAL
			HOURS WORKED EACH DAY																	
John Anybody BM XXX-XX-4321 987 Minor St, Anywhere, NY 12345	LAB-A	O						8	8	30.00	6.00	N	1,040.00	79.56	222.00	84.00		385.56	654.44	
		S		8	8	8	8	8	40	20.00	6.00									
Jane Doe NAF XXX-XX-5678 321 Major Rd, Somewhere, NY 12456	OP-A	O						8	8	48.00	8.00	Y	2,048.00	156.67	432.00	160.00		748.67	1,299.33	
		S		8	8	8	8	8	40	32.00	8.00									
Bob Builder WM XXX-XX-1234 45 South Ave, Albany, NY 12232	CP	O						0	0	42.00	7.00	N	1,120.00	85.68	230.00	90.00		405.68	714.32	
		S		8	8	8	8	8	40	28.00	7.00									
		O						0	0	0.00	0.00		0.00	0.00				0.00	0.00	
		S						0	0	0.00	0.00		0.00	0.00				0.00	0.00	
		O						0	0	0.00	0.00		0.00	0.00				0.00	0.00	
		S						0	0	0.00	0.00		0.00	0.00				0.00	0.00	
		O						0	0	0.00	0.00		0.00	0.00				0.00	0.00	
		S						0	0	0.00	0.00		0.00	0.00				0.00	0.00	
		O						0	0	0.00	0.00		0.00	0.00				0.00	0.00	
		S						0	0	0.00	0.00		0.00	0.00				0.00	0.00	
		O						0	0	0.00	0.00		0.00	0.00				0.00	0.00	
		S						0	0	0.00	0.00		0.00	0.00				0.00	0.00	

RACE/GENDER CODES: W-White/Caucasian B-Black H-Hispanic A-Asian NA-Native American / M-Male F-Female  
 WORK CLASSIFICATION CODES: LAB-Laborer OP-Equipment Operator SV-Surveyor TD-Truck Driver IW-Ironworker CP-Carpenter MS-Mason PT-Painter EL-Electrician  
 Others (as Needed) - \_\_\_\_\_ INITIALS \_\_\_\_\_

New York State Department of Transportation  
**CONTRACTOR'S PAYROLL CERTIFICATION**

Date: **4/18/2005**

I, **Joe Counter**, **Accountant** do hereby state:

(1) That I pay or supervise the payment of the persons employed by **CONTRACTOR NAME - I.M. BUILDER** on the **(FROM PROPOSAL) Rte 123 Over Hudson River** that during the payroll period commencing on **4/11/2005** and ending on **4/15/2005**

all persons employed on said project 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

**CONTRACTOR NAME - I.M. BUILDER**

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:

Article 6 Section 193 of the New York State Labor Law, applicable to State projects, and as described below; OR Title 29, Code of Federal 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. 276c), applicable to Federal or Federally-aided projects, and as 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/she performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with: the New York State 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, payment 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
Operating Engineers	Fringes paid in cash
REMARKS	

NAME AND TITLE	SIGNATURE	Date
<b>Joe Counter, Accountant</b>	<i>Joe Counter</i>	<b>4/25/2005</b>

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.



must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**By signing the filled-out form**, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note for ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

### Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5. <sup>2</sup>
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

<sup>1</sup> See Form 1099-MISC, Miscellaneous Information, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/EIN](http://www.irs.gov/EIN). Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABL accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

\* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

\*\* For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Go to [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.