

A Public Records Access request has been submitted.

Request By: Jaime D. Cosloy, Esq.

Signature: Jaime D. Cosloy

Request date: 09/06/2016

Address: Two MetroTech Center, Suite 5100

Email: [jaime.cosloy@nlrb.gov](mailto:jaime.cosloy@nlrb.gov)

Phone number: 718-765-6188

Personal  
Information Request: NO

Records seeking: I would like to please be sent a certified copy of the responsive material for PRA #: 15534-C. These records are for a governmental proceeding that is to take place on Tuesday, September 13, 2016. I appreciate your attention to this matter and expeditious manner.

Sincerely,

Jaime Cosloy

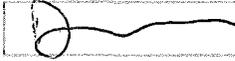
THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY  
PUBLIC RECORD ACCESS FORM

Action by (print / type name):

Danny Ng

, Freedom of Information Administrator

Signature:



Date:

09/13/2016

On behalf of the Secretary of the Port Authority, as Records Access Officer and Custodian of Government Records of the Port Authority.

- The requested records are being made available.
- Any responsive records that may exist are currently in storage or archived, and a diligent search is being conducted. The Port Authority will respond by:
- A diligent search has been conducted, and no records responsive to your request have been located.
- The requested records that have been located are not being made available, as they are exempt from disclosure for the following specific reasons:

- Some requested records that have been located are being made available. The remainder are exempt from disclosure for the following specific reasons:

- The request does not reasonably describe or identify specific records; therefore, the Port Authority is unable to search for and locate responsive records. Please consider submitting a new request that describes or identifies the specific records requested with particularity and detail.

- Other:

This form is promulgated by the Port Authority pursuant to the Port Authority Public Records Access Policy and is intended to be construed consistent with the New York Freedom of Information Law and the New Jersey Open Public Records Act. It is intended to facilitate requests for Port Authority public records and does not constitute legal advice.

I, Karen E. Eastman, The Secretary of The Port Authority of New York and New Jersey, a body corporate and politic created by the Compact of April 30, 1921 made by and between the States of New York and New Jersey and thereafter consented to by the Congress of the United States hereby certify:

That annexed hereto is a true and correct copy of Public Records Access Request No. 15534-C, which is filed under my custody as part of the records of The Port Authority of New York and New Jersey at 4 World Trade Center, 150 Greenwich Street, New York, New York.

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary aforesaid and affixed the official seal of The Port Authority of New York and New Jersey this 13<sup>th</sup> day of September, 2016.

A handwritten signature in cursive script that reads "Karen E. Eastman". The signature is written in black ink and is positioned above a horizontal line.

Karen E. Eastman

Secretary

The Port Authority of New York and New Jersey

**Torres Rojas, Genara**

---

**From:** jbianco@masontenders.org  
**Sent:** Wednesday, December 03, 2014 4:03 PM  
**To:** Duffy, Daniel  
**Cc:** Torres Rojas, Genara; Van Duyne, Sheree  
**Subject:** Freedom of Information Online Request Form

Information:

First Name: Joseph  
Last Name: Bianco  
Company: Mason Tenders District Council of Greater New York  
Mailing Address 1: 520 Eighth Ave.  
Mailing Address 2: suite 650  
City: new york  
State: NY  
Zip Code: 10018  
Email Address: [jbianco@masontenders.org](mailto:jbianco@masontenders.org)  
Phone: 212-452-9408  
Required copies of the records: Yes

List of specific record(s):

I am requesting copies of all Certified payroll reports that have been submitted by a subcontractor called Emlo corp who is performing asbestos removal at LaGuardia Airport during the period April 1, 2014 - present. Emlo is a subcontractor of Nasdi LLC who in turn is a subcontractor of Tully.

**THE PORT AUTHORITY OF NY & NJ**

FOI Administrator

December 31, 2014

Mr. Joseph Bianco  
Mason Tenders District Council of Greater New York  
520 Eighth Avenue, Suite 650  
New York, NY 10018

Re: Freedom of Information Reference No. 15534

Dear Mr. Bianco:

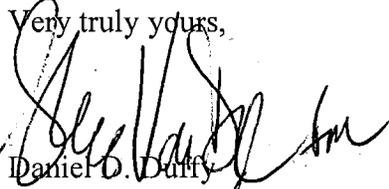
This is in response to your December 3, 2014 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code", copy enclosed) for "copies of all Certified payroll reports that have been submitted by a subcontractor called Emlo corp who is performing asbestos removal at LaGuardia Airport during the period April 1, 2014 - present. Emlo is a subcontractor of Nasdi LLC who in turn is a subcontractor of Tully."

Material responsive to your request and available under the Code can be found on the Port Authority's website at <http://www.panynj.gov/corporate-information/foi/15534-C.pdf>. Paper copies of the available records are available upon request.

Certain portions of the material responsive to your request are exempt from disclosure pursuant to exemption (1) of the Code.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,

  
Daniel O. Duffy  
FOI Administrator

Enclosure

225 Park Avenue South, 17th FL  
New York, NY 10003  
T: 212 435 3642 F: 212 435 7555

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

LGA 124.208  
July app # 4  
file # 18

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 12 For Week Ending 7/12/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 T I M E	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 With-holding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid							
				R	O	S	T	R	O	S													
Angelkov, Trajce	J_Asbestos A			8	6	8	8	8	2	40	36	2088	15.1	U E X O	875.8	2963.8	2088						
Angelkov, Ljupco	J_Asbestos A			8	6	8	8	8	2	40	36	2088	15.1	U E X O	875.8	2963.8	2088						
Hector, Betancourth	J_Asbestos A			8						8	36	396	15.1	U E X O	166.1	562.1	396						
Jordanov, Kiril	J_Asbestos A			8	6	8	8	8		38	36	1692	15.1	U E X O	709.7	2401.7	1692						
Laskov, Kjire,	J_Asbestos A			8	6	8	8	8	2	40	36	2088	15.1	U E X O	875.8	2963.8	2088						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

I Emil Kasapicov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
30<sup>th</sup> of July, 2014

KIMBERLY D. KATZ  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 4/27/2016

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Emil Kasapicov [Signature]  
Print Name Officer/Designer Signature

730 [Signature]  
Date Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 12 For Week Ending 7/12/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5 Day and Date							6	7	8	10 Supplemental Benefits			12	13	14	15	16	17	18		
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay								Hourly Rate	Paid to (Local # If Union is circled)
Mitreski, Emil	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	8	8	8	8		40	36	2358	15.1	U E X O										
				OT	2	3		2	2	8	17	54		22.65											
				ST																					
				GT																					
															989.05	3347.05	2358								
Nikolov, Zhivko	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	6	8	8	8	2	40	36	2088	15.1	U E X O										
				OT	2			2	2	6	12	54		22.65											
				ST																					
				GT																					
															875.8	2963.8	2088								
Daniel Lauyen	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	6	8				22	36	900	15.1	U E X O										
				OT	2						2	54		22.65											
				ST																					
				GT																					
															377.5	1277.5	900								
Lobos, Carlos	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	6	8	8	8	2	40	36	2088	15.1	U E X O										
				OT	2			2	2	6	12	54		22.65											
				ST																					
				GT																					
															875.8	2963.8	2088								
Manastriski Anatas	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	6	8	8	8	2	40	36	2088	15.1	U E X O										
				OT	2			2	2	6	12	54		22.65											
				ST																					
				GT																					
															875.8	2963.8	2088								

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov  
 Print Name Officer/Designer

[Signature]  
 Signature

7/30  
 Date

[Signature]  
 Signature of Notary Public

Sworn to before me, this day  
30<sup>th</sup> of July, 2014

**KIMBERLY D. KATZ**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 12 For Week Ending 7/12/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid							
				7	8	9	10	11	12	13													
Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT	8	8						16	36	5004	15.1									
			OT	6	6	14	14	14	14	14		82	54		22.65								
			ST																				
			GT														2098.9	7102.9	5004				
Panco Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT	8	8	8	8	8			40	36	3060	15.1									
			OT	2	2	2	2	2	10	10		30	54		22.65								
			ST																				
			GT														1283.5	4343.5	3060				
	J _____ A _____ Class 1, 2 or 3		RT																				
			OT																				
			ST																				
			GT																				
	J _____ A _____ Class 1, 2 or 3		RT																				
			OT																				
			ST																				
			GT																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

7-30  
 Date

Sworn to before me, this day  
30<sup>th</sup> of July, 2014  
**KIMBERLY D. KATZ**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016  
[Signature]  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, Emil Kasadinov (Name of Signatory), U.P. (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO Corporation (Name of Contractor), and that 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 EMLO CORP (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

<u>EXCEPTION (CRAFT)</u>	<u>EXPLANATION</u>

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 13 For Week Ending 7/19/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
Employee Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union Is Circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
				Angelkov, Trajce	J_Asbestos		R	8	8	8		8			32	36	1152	15.1	U	483.2	1635.2	1152		
A	O									0	54		22.65	E										
	S														X									
	T														O									
Laskov, Kijire,	J_Asbestos		R	8							8	36	288	15.1	U	120.8	408.8	288						
	A	O								0	54		22.65	E										
		S													X									
		T													O									
Mitreski, Emil	J_Asbestos		R	8	8	8		8	8		40	36	1440	15.1	U	604	2044	1440						
	A	O								0	54		22.65	E										
		S													X									
		T													O									
Velapucha, Jaime	J_Asbestos		R	8	6	8		8	8		38	36	1368	15.1	U	573.8	1941.8	1368						
	A	O								0	54		22.65	E										
		S													X									
		T													O									
Laskov, Kijire,	J_Asbestos		R	8	8	8		8			32	36	1152	15.1	U	483.2	1635.2	1152						
	A	O								0	54		22.65	E										
		S													X									
		T													O									

Key:

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

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I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

7/30  
Date

[Signature]  
Signature of Notary Public

Sworn to before me, this day  
30<sup>th</sup> of July, 2014

KIMBERLY D. KATZ  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

Statement of Compliance

I do hereby state:

1. That I, Emil Kasapinos (Name of Signatory), UP (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EULO CORP (Name of Contractor), and that 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 EULO CORP (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 16 For Week Ending **8/22/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
			Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # if Union is circled)	Total Paid							
			18-Aug	19-Aug	20-Aug	21-Aug	22-Aug															
Emil Kasapinov,	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070				
			OT																			
			ST																			
			GT																			
Marjan Kasapinov	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070				
			OT																			
			ST																			
			GT																			
Pancho Kasapinov,	J_Asbestos A _____ Class 1, 2 or 3		RT	8	0	8	8	8			32	36	1152	15.1	U E X O	483.2	1635.2	1152				
			OT																			
			ST																			
			GT																			
Stefani Manchev,	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8			40	36	1440	15.1	U E X O	604	2044	1440				
			OT																			
			ST																			
			GT																			
Emil Milterski,	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8			40	36	1440	15.1	U E X O	604	2044	1440				
			OT																			
			ST																			
			GT																			

**Keys:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

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I Marjan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marjan Kasapinov  
Print Name Officer/Designee

Signature

9/23/14  
Date

Sworn to before me, this day  
23 of 9, 2014

**Jelena Ross Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Ross Ristic  
Signature of Notary Public





# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. 17 For Week Ending **8/29/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits								
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay							
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Emil Kasapinov,	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8			40	51.75	2070	0	U E X O		0	2070	2070				
Marjan Kasapinov	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8			40	51.75	2070	0	U E X O		0	2070	2070				
Pancho Kasapinov,	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	4			36	36	1296	15.1	U E X O		543.6	1839.6	1296				
Stefani Manchev,	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8				32	36	1152	15.1	U E X O		483.2	1635.2	1152				
Emil Miterski,	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8		8	8				24	36	864	15.1	U E X O		362.4	1226.4	864				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

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Sworn to before me, this day  
23 of 9, 2014

I Marjan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Marjan Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

9/23/14  
 Date

[Signature]  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, Marjow Kasapov (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLC Corp (Name of Contractor), and that 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 EMLC Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

<u>EXCEPTION (CRAFT)</u>	<u>EXPLANATION</u>

**THE PORT AUTHORITY OF NY & NJ CIP Payroll & Work-Hour Monthly Report**



<b>Payroll Month/Year:</b>	Aug-14	<b>Prepared By:</b>	Emil Kasapinov	If this is the <u>first</u> or <u>final</u> report for a contract please indicate so with an "X" under "Report Status"
<b>Company Name:</b>	EMLO CORP	<b>Date Prepared:</b>	9/29/14	

Contract #	State (1)	Contracting For	WC Class Code	Man Hours	Gross Payroll (2)	Limited Payroll (NY Only) (3)	Report Status	
							First	Final
LGA 124.208	NY	Tully Construction	5473	627.0	\$31,408.80	\$31,408.80		
<b>Totals:</b>				<b>627.0</b>	<b>\$31,408.80</b>	<b>\$31,408.80</b>		

**Notes/Special Instructions (if any):**

- (1) For payroll on **New Jersey** projects, your company is required to provide Gross Payroll for each WC class code  
For payroll on **New York** projects, your company is required to provide Gross Payroll and Limited Payroll for each WC class code
- (2) "Gross Payroll" is gross wages or other compensation, before withholding taxes or other deductions
- (3) "Limited Payroll" is gross payroll subject to New York state construction limitations, reference the website below  
[http://ww3.nysif.com/Workers\\_Compensation/Policyholders/About\\_Auditing/Payroll\\_Limitation.aspx](http://ww3.nysif.com/Workers_Compensation/Policyholders/About_Auditing/Payroll_Limitation.aspx)
- (4) Retain this form to present proof of CIP enrollment to your insurance carrier in the event of an audit

**A form should be submitted to the MRM CIP Administrator no later than the 10th of each month for the previous calendar month's work. Submit one form for all contract(s) on-site. Delay in providing this report may result in payments being withheld.**

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

PA 3647/08-10

**USER INSTRUCTIONS:**

1. Please read reverse side of this form for detailed instructions
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/ payment application # 1	LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)	FOR R.E. OFFICE USE ONLY REVIEWED BY: DATE RECEIVED: / /	PAGE 1 of 1
	1 EMLO Corp	Reporting Period From: 6/30 To: 7/31 % of Completion 50	Contract Goals MINORITY Skilled 30 % Laborer 40 % FEMALE Skilled/Labor 6.9 %
	2		
	3		Actual Start Date 4/22
	4		Projected Completion Date 9/30
	5		
	6		
7			

Project Title: Abatement & Demolition of Hangars 2 & 4  
 Contract # or TAA #: LGA-124.208  
 Location: LaGuardia Airport

Prime Contractor's Name: EMLO Corporation  
 Address: 50 Barnes St  
 Paterson Nj 07501  
 Phone: 973 523 6651  
 Prepared By: Emil Kasapinov Date 7/30/14

**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours (Add 3M + 3F)	#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours (Add 5 thru 8)	#10 % Minority Hours (#9 DIV #4)	#11 % Female Hours (#3F DIV #4)	#12 Total Number of Employees		#13 Total Number of Minority Employees		
		M	F		M	F	M	F	M	F	M	F	(Add 5 thru 8)			M	F	M	F	
Asbestos	JOURNEY WORKER	1165		1165			658										26		18	
	APPRENTICE																			
	SUBTOTAL	1165		1165			658						56	0						
Firewatch	JOURNEY WORKER						0													
	APPRENTICE																			
	SUBTOTAL												0							
TOTAL THIS MONTH	TOTAL JOURNEY WORKER	1564		1564			658						658				26		18	
	TOTAL APPRENTICE																			
	TOTAL SKILLED TRADES	1564		1564			658						658	42						
	LABORERS																			
GRAND TOTAL FROM LAST MONTH	SKILLED TRADES	8789		8789			4068						4068	46						
	LABORERS																			
GRAND TOTAL TO DATE	SKILLED TRADES	10,353		10,353			4726						4726	46	0					
	LABORERS																			

For R.E. Office Use Only  
 Reviewed By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Are Goals Being Met? Circle One  
 Minority Yes/No Female Yes/No

COMPANY OFFICIAL'S SIGNATURE AND TITLE: *Emil Kasapinov*

DATE SIGNED: 7/30 *Emil Kasapinov*

NOTE: The MEUR must be submitted within 5 business days of month end.

KIMBERLY D. KATZ  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

PA-36-77-08-10

**USER INSTRUCTIONS:**

1. Please read reverse side of this form for detailed instructions
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/ payment application # <u>1</u>	LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)	FOR R.E. OFFICE USE ONLY REVIEWED BY: _____ DATE RECEIVED: / /	PAGE 1 of 1
	1 EMLO Corp	Reporting Period From: 7/28 To: 8/29 % of Completion 70	Contract Goals MINORITY Skilled 30 % Laborer 40 % FEMALE Skilled/Labor 6.9 %
	2		
	3		Projected Completion Date 12/30
	4		
	5		
	6		
7			

Project Title: Abatement & Demolition of Hangars 2 & 4 Contract # or TAA #: LGA-124.208 Location: LaGuardia Airport	Prime Contractor's Name: EMLO Corporation Address: 50 Barnes St Paterson Nj 07501 Phone: 973.523.6651 Prepared By: Emil Kasapinov Date 9/5/14
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**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours (Add 5 thru 8)	#10 % Minority Hours (#9 DIV #4)	#11 % Female Hours (#3F DIV #4)	#12 Total Number of Employees		#13 Total Number of Minority Employees	
		M	F	(Add 3M + 3F)		M	F	M	F	M	F	M	F				M	F	M	F
Asbestos abatement	JOURNEY WORKER	627		627				0									8		0	
	APPRENTICE																			
	SUBTOTAL	627		627				0						56	0					
	JOURNEY WORKER																			
	APPRENTICE																			
	SUBTOTAL																			
	JOURNEY WORKER							0												
	APPRENTICE																			
	SUBTOTAL													0						
<b>TOTAL THIS MONTH</b>	TOTAL JOURNEY WORKER	627		627				0						0			26		18	
	TOTAL APPRENTICE																			
	TOTAL SKILLED TRADES	627		627				0						0						
	LABORERS																			
<b>GRAND TOTAL FROM LAST-MONTH</b>	SKILLED TRADES	10353		10353				4726						4726	43					
	LABORERS																			
<b>GRAND TOTAL TO DATE</b>	SKILLED TRADES	10980	0	10980				4726						4726	43	0				
	LABORERS																			

COMPANY OFFICIAL'S SIGNATURE AND TITLE: \_\_\_\_\_  
\*Superintendents' hours should not be included in this form.

*Emil Kasapinov* PM  
KASAPINOV EMIL

DATE SIGNED: 9/24/14

NOTE: The MEUR must be submitted within 5 business days of month end.

*Rodrigo Murillo*  
RODRIGO MURILLO  
NOTARY PUBLIC STATE OF NEW YORK  
no. 01MU6177780  
QUALIFIED IN QUEENS COUNTY  
COMMISSION EXPIRES 2015

Sworn to before me  
this 24 day of 09 2014

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 18 For Week Ending 9/5/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 With-holding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Emil Kasapinov	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070					
			O																				
			S																				
			T																				
Marjan Kasapinov	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070					
			O																				
			S																				
			T																				
Pancho Kasapinov	J_Asbestos A _____ Class 1, 2 or 3		R		8	8	8	8			32	36	1206	15.1	U E X O	505.85	1711.85	1206					
			O				1				1	54		22.65									
			S																				
			T																				
Stefani Manchev	J_Asbestos A _____ Class 1, 2 or 3		R		8	8	8	8			40	36	1494	15.1	U E X O	626.65	2120.65	1494					
			O				1				1	54		22.65									
			S																				
			T	8																			
Emil Mitterski	J_Asbestos A _____ Class 1, 2 or 3		R		8	8	8	8			32	36	1206	15.1	U E X O	505.85	1711.85	1206					
			O				1				1	54		22.65									
			S																				
			T																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

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Sworn to before me, this day  
6 of OCT, 2014

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

**STEPHEN R. ELDRIDGE**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Emil Kasapinov Print Name Officer/Designee  
[Signature] Signature  
10/16/14 Date  
[Signature] Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 18 For Week Ending **9/5/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Hourly Rate	10 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Paid to (Local # if Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Leov, Trajce	J_Firewatch A _____ Class 1, 2 or 3		RT				8	8	8	16	20	980		U E X O	0	980	980						
			OT				6	16	6	22	30												
			ST																				
			GT																				
	J_Asbestos A _____ Class 1, 2 or 3		RT										U E X O										
OT																							
ST																							
GT																							
	J_Asbestos A _____ Class 1, 2 or 3		RT										U E X O	0	0	0					0	0	
OT																							
ST																							
GT																							
	J_Asbestos A _____ Class 1, 2 or 3		RT										U E X O	0	0	0					0	0	
OT																							
ST																							
GT																							

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Print Name Officer/Designee: Emil Kasapinov Signature: [Signature] Date: 10/6/14

Sworn to before me, this day 6 of OCT, 2014

Signature of Notary Public: [Signature]

**STEPHEN R. ELDRIDGE**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 19 For Week Ending 9/12/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid								
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug																
Emil Kasapinov	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070						
Marjan Kasapinov	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070						
Pancho Kasapinov	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	4	8	8	8			36	36	1296	15.1	U E X O	543.6	1839.6	1296						
Stefani Manchev	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	4	8	8	8			36	36	1296	15.1	U E X O	543.6	1839.6	1296						
Emil Miterski	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	4	8	8	8			36	36	1296	15.1	U E X O	543.6	1839.6	1296						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

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Sworn to before me, this day

6 of Oct, 2014

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

STEPHEN R. ELDRIDGE  
NOTARY PUBLIC OF NEW JERSEY  
My Comm. Expires 4/27/2016

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Emil Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

10/16/14  
Date

[Signature]  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 19 For Week Ending 9/12/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net		
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)								Total Paid	
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug																
Trajce Angelkov	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	5					21	36	756	15.1	U E X O	317.1	1073.1	756						
Zhivko Nikolov	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T		8	8	8	4			28	36	1008	15.1	U E X O	422.8	1430.8	1008						
Perica Trickovic	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8						16	36	576	15.1	U E X O	241.6	817.6	576						
Trajce, Leov	J_Firewatch A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8	8	8	40	20	2000		U E X O	0	2000	2000						
	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T												U E X O	0	0	0				0	0	

**Key:**  
RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

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I Emil Kusadinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
6 of Oct, 2014

**STEPHEN R. ELDRIDGE**  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 4/27/2016

**NOTE:**  
1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Emil Kusadinov  
Print Name Officer/Designee

[Signature]  
Signature

[Date]  
Date

[Signature]  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 20 For Week Ending 9/19/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Alfaro-Lobo, Miguel	J__Asbestos		RT	8	5	8	8	8			37	51.7	2068	U E X O	0	2068	2068						
	A_____		OT				2				2	77.55											
	Class 1, 2 or 3		ST																				
			GT																				
Zhivko Nikolov,	J__Asbestos		RT	8	5	8	8	8			37	51.7	2068	U E X O	0	2068	2068						
	A_____		OT				2				2	77.55											
	Class 1, 2 or 3		ST																				
			GT																				
Velapucha, Jaime,	J__Asbestos		RT	8	5	8	8	8			37	51.7	2068	U E X O	0	2068	2068						
	A_____		OT				2				2	77.55											
	Class 1, 2 or 3		ST																				
			GT																				
Valdez- Espinal, Walter,	J__Asbestos		RT	8	5	8	8	8			37	51.7	2068	U E X O	0	2068	2068						
	A_____		OT				2				2	77.55											
	Class 1, 2 or 3		ST																				
			GT																				
Gegov, Atanas,	J__Asbestos		RT	8	1						9	51.7	465.3	U E O	0	465.3	465.3						
	A_____		OT									77.55											
	Class 1, 2 or 3		ST																				
			GT																				

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

165

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

10/6/14  
Date

[Signature]  
Signature of Notary Public

Sworn to before me, this day  
6 of OCT, 2014

**STEPHEN R. ELDRIDGE**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 20 For Week Ending 9/19/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # if Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Emil Kasapinov	J_Asbestos A Class 1, 2 or 3		R	8	8	8	8	8			40	51.7	2068	0	U E X O	0	2068	2068					
			T																				
			O																				
			G																				
Marjan Kasapinov	J_Asbestos A Class 1, 2 or 3		R	8	8	8	8	8			40	51.7	2068	0	U E X O	0	2068	2068					
			T																				
			O																				
			G																				
Pancho Kasapinov	J_Asbestos A Class 1, 2 or 3		R	8	5						13	51.7	672.1	15.1	U E X O	196.3	868.4	672.1					
			T																				
			O									0	77.55	22.65									
			G																				
Stefani Manchev	J_Asbestos A Class 1, 2 or 3		R	8	5	8	8	8			37	51.7	2068	15.1	U E X O	604	2672	2068					
			T																				
			O				2					2	77.55	22.65									
			G																				
Emil Milterski	J_Asbestos A Class 1, 2 or 3		R	8	5	8	8	8			37	51.7	2068	15.1	U E X O	604	2672	2068					
			T																				
			O				2					2	77.55	22.65									
			G																				

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

171

Sworn to before me, this day  
6 of Oct, 2014

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

STEPHEN R. ELDRIDGE  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Emil Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

10/6/14  
 Date

Stephen R Eldridge  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #  
 Payroll No. 20 For Week Ending 9/19/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9-11 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Leov, Trajce,	J_Firewatch A_____		R						8		8												
			O						16		16												
			S																				
			T																				
			G													0	640	640					
	J_Asbestos		R																				
	A_____		O																				
	J_Asbestos		S																				
	A_____		T																				
	J_Asbestos		G																				
	A_____		R																				
	J_Asbestos		O																				
	A_____		S																				
	J_Asbestos		T																				
	A_____		G																				
	J_Asbestos		R																				
	A_____		O																				
	J_Asbestos		S																				
	A_____		T																				
	J_Asbestos		G																				
	A_____		R																				
	J_Asbestos		O																				
	A_____		S																				
	J_Asbestos		T																				
	A_____		G																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

24  
 I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
6 of Oct, 2014

**STEPHEN R. ELDRIDGE**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

Emil Kasapinov Print Name Officer/Designee  
[Signature] Signature  
10/6/14 Date  
[Signature] Signature of Notary Public

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 21 For Week Ending 9/26/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # if Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Emil Kasapinov	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	51.7	2068	0	U E X O	0	2068	2068					
			T																				
			O																				
			S																				
Marjan Kasapinov	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	51.7	2068	0	U E X O	0	2068	2068					
			T																				
			O																				
			S																				
Pancho Kasapinov	J Asbestos A _____ Class 1, 2 or 3		R	8	8						16	51.7	827.2	0	U E X O	0	827.2	827.2					
			T																				
			O																				
			S																				
Stefani Manchev	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	51.7	2068	0	U E X O	0	2068	2068					
			T																				
			O																				
			S																				
Emil Milterski	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8		8			32	51.7	1654.4	0	U E O	0	1654.4	1654.4					
			T																				
			O																				
			S																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
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 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

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Emil Kasapinov 10/6/14  
 Print Name Officer/Designee Signature Date

Sworn to before me, this day  
6 of Oct, 2014

**STEPHEN R. ELDRIDGE**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

Stephen R Eldridge  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 21 For Week Ending 9/26/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # if Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Alfaro-Lobo, Miguel,	J_Asbestos A _____ Class 1, 2 or 3		R										U E X O										
			T	8	8	8	8	8			40	51.7									2068		
			O									77.55											
			G																		0	2068	2068
Zhivko Nikolov,	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8					U E X O										
			T								40	51.7									2068		
			O									77.55											
			G																		0	2068	2068
Lavayen, Daniel,	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8					U E X O										
			T								40	51.7									2068		
			O									77.55											
			G																		0	2068	2068
Valdez- Espinal, Walter,	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8					U E X O										
			T								40	51.7									2068		
			O									77.55											
			G																		0	2068	2068
	J_Asbestos A _____ Class 1, 2 or 3		R										U E X O										
			T																				
			O																				
			G																		0	0	0

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

160

Sworn to before me, this day  
6 of Oct, 2014

I Eni Kaspri Nov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

STEPHEN R. ELDRIDGE  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Eni Kaspri Nov Print Name Officer/Designee  
[Signature] Signature  
10/6/14 Date

[Signature] Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, Eni Kasapitel (Name of Signatory), P.M. (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO CORP (Name of Contractor), and that 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 EMLO CORP (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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**THE PORT AUTHORITY OF NY & NJ CIP Payroll & Work-Hour Monthly Report**



Payroll Month/Year: <b>Sept - 2014</b>	Prepared By: <b>Emil Kasapinov</b>	If this is the first or final report for a contract please indicate so with an "X" under "Report Status"
Company Name: <b>EMLO CORP</b>	Date Prepared: <b>10/6/14</b>	

Contract #	State (1)	Contracting For	WC Class Code	Man Hours	Gross Payroll (2)	Limited Payroll (NY Only) (3)	Report Status	
							First	Final
LGA124.208	NJ	Tully Construction	5473	1246.0	\$42,716.81	\$42,716.81		
<b>Totals:</b>				<b>1246.0</b>	<b>\$42,716.81</b>	<b>\$42,716.81</b>		

**Notes/Special Instructions (if any):**

- (1) For payroll on **New Jersey** projects, your company is required to provide Gross Payroll for each WC class code  
For payroll on **New York** projects, your company is required to provide Gross Payroll and Limited Payroll for each WC class code
- (2) "Gross Payroll" is gross wages or other compensation, before withholding taxes or other deductions
- (3) "Limited Payroll" is gross payroll subject to New York state construction limitations, reference the website below  
[http://ww3.nysif.com/Workers\\_Compensation/Policyholders/About\\_Auditing/Payroll\\_Limitation.aspx](http://ww3.nysif.com/Workers_Compensation/Policyholders/About_Auditing/Payroll_Limitation.aspx)
- (4) Retain this form to present proof of CIP enrollment to your insurance carrier in the event of an audit

**A form should be submitted to the MRM CIP Administrator no later than the 10th of each month for the previous calendar month's work. Submit one form for all contract(s) on-site. Delay in providing this report may result in payments being withheld.**

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

**USER INSTRUCTIONS:**

1. Please read reverse side of this form for detailed instructions
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/ payment application #	LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)	FOR R.E. OFFICE USE ONLY REVIEWED BY: / / DATE RECEIVED: / /	PAGE 1 of 1
	1 EMLO Corp	Reporting Period From: 9/2/14 To: 9/27/14	Contract Goals MINORITY Skilled 30 % Laborer 40 % FEMALE Skilled/Labor 6.9 %
	2		
	3	Completion 77	Actual Start Date 4/22
	4		Projected Completion Date 12/30
	5		
	6		
7			

Project Title: Abatement & Demolition of Hangars 2 & 4  
 Contract # or TAA #: LGA-124.208  
 Location: LaGuardia Airport

Prime Contractor's Name: EMLO Corporation  
 Address: 50 Barnes St  
 Paterson Nj 07501  
 Phone: 973 523 6651  
 Prepared By: Emil Kasapinov Date 10/6/14

**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours	#10 % Minority Hours	#11 % Female Hours	#12 Total Number of Employees		#13 Total Number of Minority Employees	
		M	F	(Add 3M + 3F)	M	F	M	F	M	F	M	F	(Add 5 thru 8)	(#9 DIV #4)	(#3F DIV #4)	M	F	M	F	
Asbestos	JOURNEY WORKER	1104		1104				237									11		4	
	APPRENTICE																			
	SUBTOTAL	1104		1104				237						21	0					
Firewatch	JOURNEY WORKER	142		142													1		0	
	APPRENTICE																			
	SUBTOTAL	142		142										0	0					
	JOURNEY WORKER							0												
	APPRENTICE																			
	SUBTOTAL							0												
TOTAL THIS MONTH	TOTAL JOURNEY WORKER	1341		1341				0						0			11		4	
	TOTAL APPRENTICE																			
	TOTAL SKILLED TRADES							0						0	0					
	LABORERS																			
GRAND TOTAL FROM LAST MONTH	SKILLED TRADES							4726						4726	43		For R.E. Office Use Only Reviewed By: _____ Date: _____			
	LABORERS																			
GRAND TOTAL TO DATE	SKILLED TRADES							4963						4963	40	0	Are Goals Being Met? Circle One Minority Female Yes No Yes No			
	LABORERS																			

COMPANY OFFICIAL'S SIGNATURE AND TITLE: *Emil Kasapinov* DATE SIGNED: *10/6/14*

NOTE: The MEUR must be submitted within 5 business days of month end.

*Stephen R. Eldridge*  
 10/06/2014  
 STEPHEN R. ELDRIDGE  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

USER INSTRUCTIONS:

1. Please read reverse side of this form for detailed instructions
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/  
payment application #

LIST SUBCONTRACTORS INCLUDED  
IN THIS REPORT (IF ANY)

FOR R.E. OFFICE USE ONLY  
REVIEWED BY: \_\_\_\_\_  
DATE RECEIVED: / /

PAGE  
1 of 1

Project Title: Abatement & Demolition of  
Hangars 2 & 4  
Contract # or TAA #: LGA-124.208  
Location: LaGuardia Airport

SUB: Contractor's Name: **EMLO Corp**  
Address: **50 Barves St Paterson NJ 07501**  
Phone: **973 523 6051**  
Prepared By: **Emil Kaspiakov** Date **7/14/14**

1	EMLO Corp
2	
3	
4	
5	
6	
7	

<b>Reporting Period</b>	<b>Contract Goals</b>
From: 4/22	MINORITY
To: 5/2	Skilled 30 %
% of Completion 5	Laborer 40 %
	FEMALE
	Skilled/Labor 6.9 %

Actual Start Date	4/22
Projected Completion Date	9/30/14

**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours	#10 % Minority Hours	#11 % Female Hours	#12 Total Number of Employees		#13 Total Number of Minority Employees		
		M	F	(Add 3M + 3F)		M	F	M	F	M	F	M	F	(Add 5 thru 8)	(#9 DIV #4)	(#3F DIV #4)	M	F	M	F	
Asbestos	JOURNEY WORKER			1060				818						818				15		11	
	APPRENTICE																				
	SUBTOTAL			1060				818						818	77	0					
Fire watch	JOURNEY WORKER			159														2			
	APPRENTICE																				
	SUBTOTAL													0	0	0					
TOTAL THIS MONTH	TOTAL JOURNEY WORKER			1219				818						818				14		11	
	TOTAL APPRENTICE																				
	TOTAL SKILLED TRADES																				
	LABORERS																				
GRAND TOTAL FROM LAST MONTH	SKILLED TRADES			0																	
	LABORERS																				

GRAND TOTAL TO DATE	SKILLED TRADES	1219		1219				818						818	67	0					
	LABORERS																				

For R.E. Office Use Only  
Reviewed By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Are Goals Being Met? Circle One  
Minority Female  
Yes No Yes No

COMPANY OFFICIAL'S SIGNATURE AND TITLE: \_\_\_\_\_  
\*Superintendents' hours should not be included in this form.

*Emil Kaspiakov*  
SUPERVISOR

DATE SIGNED: 07/14/14

NOTE: The MEUR must be submitted within 5 business days of month end.

SHIROOL CODRINGTON  
Notary Public, State of New York  
No. 01CO6239121  
Qualified in Queens County  
Commission Expires April 18, 2015

*Shirool Codrington*

**FILING MONTHLY EMPLOYMENT UTILIZATION REPORT**

**INSTRUCTIONS**

The **Monthly Employment Utilization Report (MEUR)** is completed by each subject contractor and **signed by an Official of the company**. The report is to be submitted by the **5<sup>th</sup> day** of each month during the term of the contract, and it shall include the total work hours for each employee classification in each trade for the monthly reporting period. The prime contractor is responsible for submitting a MEUR, which aggregates its own workforce and its subcontractor's workforce. A MEUR is required each month until the contract is complete.

**DEFINITIONS: Minority**

**BLACK** persons having origins in any of the Black-African racial groups not of Hispanic origin;

**HISPANIC** persons of Puerto Rican, Mexican, Dominican, Cuban, Central, or South American culture or origin, regardless of race; (Please note: Hispanic does not include Portuguese, a person of Portuguese, Brazilian or other Portuguese culture or origin.

**ASIAN and PACIFIC** islander persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands; and

**AMERICAN INDIAN or ALASKAN** native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.

**Reporting Period**

From the First to the End of each Month. Example: 1/1/1994 until 1/31/1994

**Percentage of Job Completed**

Percent of project work completed by the contractor or subcontractors as of the end of the reporting period.

**Work Hours of Employment**

The number of hours worked by employees in the designated classification for each construction trade; the totals for the current month; and the totals to date.

**COLUMN ENTRIES:**

- |                           |  |
|---------------------------|--|
| 1. Construction Trade     | List only those construction crafts utilized for this contract.  |
| 2. Classification         | The status of the worker in the trade (Journey Worker, Apprentice, Laborer.) Please note: Only working foreman's hours should be included. Superintendents' hours should not be included.  |
| 3. Total All Employees    | The total number of male hours and the total number of female hours worked by employees in each classification.  |
| 4. Sum Hours              | Add columns #3 Male hours and #3 Female hours  |
| 5.- 8. Specified Minority | The total number of male hours and the total number of female hours worked by each specified group of minority employees (Black, Hispanic, Asian, Native American) in each classification. |
| 9. Total Minority Hours   | The total number of male hours and the total number of female hours worked by minority employees in each classification (add columns #5 thru #8).  |
| 10. % Minority Hours      | The percentage of total minority work-hours of all work-hours in each classification (column #9 divided by column #4).   |
| 11. % Female Hours        | The percentage of female work-hours of all work hour-hours in each classification (column #3 Female divided by column #4)  |
| 12. Total # Employees     | Total number of male and female employees on the payroll working in each classification during the reporting period.   |
| 13. Total # Minorities    | Total number of male and female minority employees on the payroll working in each classification during the reporting period.  |

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

PA 3647 / 08-10

**USER INSTRUCTIONS:**

1. Please read reverse side of this form for detailed instructions
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/ payment application #	LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)	FOR R.E. OFFICE USE ONLY REVIEWED BY: DATE RECEIVED: / /	PAGE 1 of 1
	1 EMLO Corp	Reporting Period From: 5/5 To: 5/31	Contract Goals MINORITY Skilled 30 % Laborer 40 % FEMALE Skilled/Labor 6.9 %
	2		
	3	% of Completion 30	Projected Completion Date 9/30/14
	4		
	5		
	6		
7			

Project Title: Abatement & Demolition of Hangars 2 & 4  
 Contract # or TAA #: LGA-124.208  
 Location: LaGuardia Airport

SUB Contractor's Name: **EMLO CORP**  
 Address: **50 Barnes St. Paterson NJ 07650**  
 Phone: **973 523 6651**  
 Prepared By: **Emil Kasapinou** Date: **7/14/14**

**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours	#10 % Minority Hours	#11 % Female Hours	#12 Total Number of Employees		#13 Total Number of Minority Employees	
		M	F	(Add 3M + 3F)		M	F	M	F	M	F	M	F	(Add 5 thru 8)	(#9 DIV #4)	(#3F DIV #4)	M	F	M	F
Asbestos	JOURNEY WORKER	3159		3159				1818						1818			25		13	
	APPRENTICE																			
	SUBTOTAL	3159		3159				1818						1818	57	0				
Firewatch	JOURNEY WORKER																			
	APPRENTICE																			
	SUBTOTAL	530		530										0						
TOTAL THIS MONTH	TOTAL JOURNEY WORKER	3159		3159				1818						1818			25		13	
	TOTAL APPRENTICE																			
	TOTAL SKILLED TRADES	3159		3159				1818						1818	57					
	LABORERS																25		13	
GRAND TOTAL FROM LAST MONTH	SKILLED TRADES	1219		1219				586						586	48					
	LABORERS																			
GRAND TOTAL TO DATE	SKILLED TRADES	4378		4378				2404						2404	55	0				
	LABORERS																			

COMPANY OFFICIAL'S SIGNATURE AND TITLE: \_\_\_\_\_  
 \*Superintendents' hours should not be included in this form.

*[Signature]* P.P.E.

DATE SIGNED: 07/14/14

NOTE: The MEUR must be submitted within 5 business days of month end.

SHIROOL CODRINGTON  
 Notary Public, State of New York  
 No. 01006239121  
 Qualified in Queens County  
 Commission Expires April 18, 2015  
*[Signature]*

## FILING MONTHLY EMPLOYMENT UTILIZATION REPORT

### INSTRUCTIONS

The **Monthly Employment Utilization Report (MEUR)** is completed by each subject contractor and **signed by an Official of the company**. The report is to be submitted by the **5<sup>th</sup> day** of each month during the term of the contract, and it shall include the total work hours for each employee classification in each trade for the monthly reporting period. The prime contractor is responsible for submitting a MEUR, which aggregates its own workforce and its subcontractor's workforce. A MEUR is required each month until the contract is complete.

### DEFINITIONS: Minority

**BLACK** persons having origins in any of the Black African racial groups not of Hispanic origin;

**HISPANIC** persons of Puerto Rican, Mexican, Dominican, Cuban, Central, or South American culture or origin, regardless of race; (Please note: Hispanic does not include Portuguese, a person of Portuguese, Brazilian or other Portuguese culture or origin.

**ASIAN and PACIFIC** islander persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands; and

**AMERICAN INDIAN or ALASKAN** native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.

### Reporting Period

From the First to the End of each Month. Example: 1/1/1994 until 1/31/1994

### Percentage of Job Completed

Percent of project work completed by the contractor or subcontractors as of the end of the reporting period.

### Work Hours of Employment

The number of hours worked by employees in the designated classification for each construction trade; the totals for the current month; and the totals to date.

### COLUMN ENTRIES:

1. Construction Trade List only those construction crafts utilized for this contract.
2. Classification The status of the worker in the trade (Journey Worker, Apprentice, Laborer,) Please note: Only working foreman's hours should be included. Superintendents' hours should not be included.
3. Total All Employees The total number of male hours and the total number of female hours worked by employees in each classification.
4. Sum Hours Add columns #3 Male hours and #3 Female hours
- 5.- 8. Specified Minority The total number of male hours and the total number of female hours worked by each specified group of minority employees (Black, Hispanic, Asian, Native American) in each classification.
9. Total Minority Hours The total number of male hours and the total number of female hours worked by minority employees in each classification (add columns #5 thru #8).
10. % Minority Hours The percentage of total minority work-hours of all work-hours in each classification (column #9 divided by column #4).
11. % Female Hours The percentage of female work-hours of all work hour-hours in each classification (column #3 Female divided by column #4)
12. Total # Employees Total number of male and female employees on the payroll working in each classification during the reporting period.
13. Total # Minorities Total number of male and female minority employees on the payroll working in each classification during the reporting period.

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

PA 3647 / 08-10

**USER INSTRUCTIONS:**

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2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/ payment application #	LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)	FOR R.E. OFFICE USE ONLY REVIEWED BY: _____ DATE RECEIVED: / /	PAGE 1 of 1
	1 EMLO Corp	Reporting Period From: 6/1 To: 6/30 % of Completion 47	Contract Goals MINORITY Skilled 30 % Laborer 40 % FEMALE Skilled/Labor 6.9 %
	2		
	3		
	4		
	5		
	6		
7			

Project Title: Abatement & Demolition of Hangars 2 & 4  
 Contract # or TAA #: LGA-124.208  
 Location: LaGuardia Airport

SUB Contractor's Name: **EMLO CORP**  
 Address: **50 Barnes St. Paterson NJ 07651**  
 Phone: **973 533 0651**  
 Prepared By: **Emil Kaspinov** Date **7/14/14**

**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours	#10 % Minority Hours	#11 % Female Hours	#12 Total Number of Employees		#13 Total Number of Minority Employees		
		M	F	(Add 3M + 3F)		M	F	M	F	M	F	M	F	(Add 5 thru 8)	(#9 DIV #4)	(#3F DIV #4)	M	F	M	F	
Asbestos	JOURNEY WORKER	3907		3907				1664										25		18	
	APPRENTICE																				
	SUBTOTAL	3907		3907				1664						42	0						
Firewatch	JOURNEY WORKER																				
	APPRENTICE																				
	SUBTOTAL													0							
TOTAL THIS MONTH	TOTAL JOURNEY WORKER	4411		4411				1664						1664				25		18	
	TOTAL APPRENTICE																				
	TOTAL SKILLED TRADES	4411		4411				1664						1664	38						
	LABORERS																				
GRAND TOTAL FROM LAST MONTH	SKILLED TRADES	4378		4378				2404						2404	72						
	LABORERS																				

GRAND TOTAL TO DATE	SKILLED TRADES	8789		8789				4068						4068	46						
	LABORERS																				

For R.E. Office Use Only  
 Reviewed By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Are Goals Being Met? Circle One  
 Minority Female  
 Yes No Yes No

COMPANY OFFICIAL'S SIGNATURE AND TITLE: \_\_\_\_\_  
 \*Superintendents' hours should not be included in this form.

*[Signature]*  
 PRES.

DATE SIGNED: 07/14/14

NOTE: The MEUR must be submitted within 5 business days of month end.

SHIROOL CODRINGTON  
 Notary Public, State of New York  
 No. 01C06239121  
 Qualified in Queens County  
 Commission Expires April 18, 2015  
*[Signature]*

## FILING MONTHLY EMPLOYMENT UTILIZATION REPORT

### INSTRUCTIONS

The **Monthly Employment Utilization Report (MEUR)** is completed by each subject contractor and **signed by an Official of the company**. The report is to be submitted by the **5<sup>th</sup> day** of each month during the term of the contract, and it shall include the total work hours for each employee classification in each trade for the monthly reporting period. The prime contractor is responsible for submitting a MEUR, which aggregates its own workforce and its subcontractor's workforce. A MEUR is required each month until the contract is complete.

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**ASIAN and PACIFIC** islander persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands; and

**AMERICAN INDIAN or ALASKAN** native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.

### Reporting Period

From the First to the End of each Month. Example: 1/1/1994 until 1/31/1994

### Percentage of Job Completed

Percent of project work completed by the contractor or subcontractors as of the end of the reporting period.

### Work Hours of Employment

The number of hours worked by employees in the designated classification for each construction trade; the totals for the current month; and the totals to date.

### COLUMN ENTRIES:

1. Construction Trade List only those construction crafts utilized for this contract.
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12. Total # Employees Total number of male and female employees on the payroll working in each classification during the reporting period.
13. Total # Minorities Total number of male and female minority employees on the payroll working in each classification during the reporting period.

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 7 For Week Ending **6/7/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9	10		11	12	13	14	15	16	17	18	
				Day and Date											Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay									Total Base Pay
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWICID # If Issued	T I M E	RT	8	8		8	8			32	36	1908	15.1	7 8 E O A	800.3	2708.3	1908						
				OT	2	2		2	2	6	14	54	22.65												
				ST																					
				GT																					
Alfaro-Lobo,	J_Asbestos A _____ Class 1, 2 or 3			RT	8	8		8	6		30	36	1404	15.1	7 8 E O A	588.9	1992.9	1404							
Bacca, Franz,	J_Asbestos A _____ Class 1, 2 or 3			OT	2	2		2		6	54	22.65													
ST																									
GT																									
Carrera, Pedro,	J_Asbestos A _____ Class 1, 2 or 3			RT		8	8	8	8		32	36	1908	15.1	7 8 E O A	800.3	2708.3	1908							
Gogsadze, Mikheil,	J_Asbestos A _____ Class 1, 2 or 3			OT		2	2	2	2	6	14	54	22.65												
ST																									
GT																									
Jarczynski, Jan, 6990	J_Asbestos A _____ Class 1, 2 or 3			RT		8	8	8	8	8	40	36	2412	15.1	U E O A	1011.7	3423.7	2412							
				OT	10	2	2	2	2		18	54	22.65												
ST																									
GT																									

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Print Name Officer/Designee

Signature

Date

Sworn to before me, this day  
14<sup>th</sup> of July, 20 14

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic

Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor <input type="checkbox"/> or Subcontractor <input checked="" type="checkbox"/>		EMLO Corporation	Address	50 Barnes Street Paterson, NJ 07501	EIN #
Payroll No. 007	For Week Ending	6/7/14	Project & Location: Abatement & Demolition of Hangars 2 & 4		PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18		
				Day and Date										Supplemental Benefits												
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay	Hourly Rate
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	Time	RT		8	8	8	8	8	6	38	36	1800	15.1	78	755	2555	1800							
				OT		2	2	2	2		8	54	22.65	E												
				ST											O											
				GT																					755	
																										2555
										1800																
Lara, Marvin,	J_Asbestos			RT	8	8	8	8	8			40	36	1980		15.1	78									
				OT	2	2	2	2	2			10	54	22.65	E											
				ST												O										
				GT																					830.5	
														2810.5												
										1980																
Martinez, Gary,	J_Asbestos			RT	8	8	8	8	8			40	36		2304		15.1	78								
				OT	2	2	2	2	2		6	16	54		22.65	E										
				ST													O									
				GT											966.4											
														3270.4												
										2304																
Pachay, Elvis	J_Asbestos			RT	8	8	8	8	8			40	36			2304		15.1	78							
				OT	2	2	2	2	2		6	16	54			22.65	E									
				ST												O										
				GT											966.4											
														3270.4												
										2304																
Ruiz, Celso,	J_Asbestos			RT								40	36				1440	15.1	78							
				OT								0	54			22.65	E									
				ST												O										
				GT											604											
														2044												
										1440																
Savchenko, Sergii,	J_Asbestos			RT								40	36				1440	15.1	78							
				OT								0	54			22.65	E									
				ST												O										
				GT											604											
														2044												
										1440																

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasapina certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Print Name Officer/Designee

Signature

Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Signature of Notary Public





# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 7 For Week Ending 6/7/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT OT ST GT		8		8		16	36	2088	15.1	7 8		875.8	2963.8	2088							
Dragan, Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT OT ST GT	8		4	8	12	16	12	48	54	22.65	U E O	1328.8	4496.8	3168							
	J _____ A _____ Class 1, 2 or 3		RT OT ST GT											U E O										
	J _____ A _____ Class 1, 2 or 3		RT OT ST GT											U E O										
	J _____ A _____ Class 1, 2 or 3		RT OT ST GT											U E O										

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Manjiv Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Manjiv Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

6/14/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires: 2-08-14

Jelena Rose Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That, W. K. KESTER (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO (Name of Contractor), and that 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 EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor <input type="checkbox"/> or Subcontractor <input checked="" type="checkbox"/>		EMLO Corporation	Address	50 Barnes Street Paterson, NJ 07501	EIN #
Payroll No. 8	For Week Ending	6/14/14	Project & Location:	Abatement & Demolition of Hangars 2 & 4	
			PA Contract Number: LGA-124.208		

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Alfaro-Lobo	J_Asbestos A _____ Class 1, 2 or 3			RT	8	8	8	8	8		32	36	1584	15.1										
				OT	2	2	2	2	2		8	54		22.65										
				ST																				
				GT																				
				U																				
Bacca, Franz,	J_Asbestos A _____ Class 1, 2 or 3			RT	8	8	8	8	8		40	36	1980	15.1										
				OT	2	2	2	2	2		10	54		22.65										
				ST																				
				GT																				
				U																				
Carrera, Pedro,	J_Asbestos A _____ Class 1, 2 or 3			RT	8	8	8	8	8		32	36	1584	15.1										
				OT	2	2	2	2	2		8	54		22.65										
				ST																				
				GT																				
				U																				
Gogsadze, Mikheil	J_Asbestos A _____ Class 1, 2 or 3			RT	8	8	8	8	8		40	36	1980	15.1										
				OT	2	2	2	2	2		10	54		22.65										
				ST																				
				GT																				
				U																				
Jarczynski, Jan,	J_Asbestos A _____ Class 1, 2 or 3			RT	8	8	8	8	8		40	36	1980	15.1										
				OT	2	2	2	2	2		10	54		22.65										
				ST																				
				GT																				
				U																				

**Key:**

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 U - Union E - Employee O - Other  
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- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Print Name Officer/Designee

Signature

Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 008 For Week Ending 6/14/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Lara, Marvin,	J_Asbestos A _____ Class 1, 2 or 3				8	8	8			24	36	1188	15.1			498.3	1686.3	1188						
Martinez, Gary,	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	8	8		40	36	1980	15.1			830.5	2810.5	1980						
Pachay, Elvis	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	8	8		40	36	1980	15.1			830.5	2810.5	1980						
Fadil, Ramadan,	J_Asbestos A _____ Class 1, 2 or 3				8	8	8	8		32	36	1476	15.1			619.1	2095.1	1476						
Ruiz, Celso	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	8	8		40	36	1980	15.1			830.5	2810.5	1980						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Maria Kasapinev certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinev Print Name Officer/Designee  
[Signature] Signature  
07/14/14 Date

Sworn to before me, this day  
11th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 008 For Week Ending 6/14/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18											
				Day and Date										Supplemental Benefits																					
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay	Hourly Rate	Paid to (Local # if Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net
Kasapinov, Dragan	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2304	15.1	U E X O			966.4	3270.4	2304																
				OT	2	2	2		2	8	16	54	22.65																						
				ST																															
				GT																															
Kasapinov, Pancho	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2304	15.1	U E X O			966.4	3270.4	2304																
				OT	2	2	2		2	8	16	54	22.65																						
				ST																															
				GT																															
Mitreski, Emil	J_Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8		32	36	1476	15.1	U E X O			619.1	2095.1	1476																
				OT		2	2		2		6	54	22.65																						
				ST																															
				GT																															
Blank	J_Asbestos A _____ Class 1, 2 or 3		RT											U E X O																					
				OT																															
				ST																															
				GT																															

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

I MILICA KASAPINOV certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Jelena Rose Ristic  
 Signature of Notary Public

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.



Statement of Compliance

I do hereby state:

1. That I, A. KENT WOOD (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO (Name of Contractor), and that 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 EMLO COVD (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 009 For Week Ending **6/21/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18	
				Day and Date										Supplemental Benefits											
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # if Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax	Other	Total Deductions	Net		
Kasapinov, Panco	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8			40	35	2607.5	15.1			1124.95	3732.45	2607.5						
			OT	7	4	4	4	4			23	52.5	22.65												
			ST																						
			GT																						
Laskov, Kijre	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8			40	36	2844	15.1			1192.9	4036.9	2844						
			OT	2	2	2	2	2	8	8	26	54	22.65												
			ST																						
			GT																						
Manastirski, Atanas	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8			40	36	2412	15.1			1011.7	3423.7	2412						
			OT	2	2	2	2	2	8		18	54	22.65												
			ST																						
			GT																						
Fadi, Ramadan,	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8						16	36	792	15.1			332.2	1124.2	792						
			OT	2	2						4	54	22.65												
			ST																						
			GT																						
Naumovski, Mile	J_Asbestos A _____ Class 1, 2 or 3		RT				8	8	8		24	36	1080	15.1			453	1533	1080						
			OT				2	2			4	54	22.65												
			ST																						
			GT								0	36	0	15.1											

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

M. Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day 14<sup>th</sup> of July, 20 14

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 9 For Week Ending 6/21/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits									
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay								
Perez, Jhonaton	J_Asbestos		RT				7	8	8	23	36	936	15.1	U E X O	392.6	1328.6	936						
	A					2			2	54		22.65											
	OT																						
	GT																						
Trickovic, Perica	J_Asbestos		RT		8	8	8	8	32	36	1476	15.1	U E X O	619.1	2095.1	1476							
	A			2	2	2			6	54		22.65											
	OT																						
	GT																						
Velaphucha, Jaime	J_Asbestos		RT					8	8	16	35	665	15.1	U E X O	286.9	951.9	665						
	A					2			2	52.5		22.65											
	OT																						
	GT																						
Nikolov, Zhivko	J_Asbestos		RT	8	8	8	8	8	40	36	2412	15.1	U E X O	1011.7	3423.7	2412							
	A		2	2	2	2	2	8		18	54											22.65	
	OT																						
	GT																						
Mitski, Emil	J_Asbestos		RT	8		8	8	8	40	36	1872	15.1	U E X O	785.2	2657.2	1872							
	A		2		2	2	2		8	54		22.65											
	OT																						
	GT																						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marjan Kasapic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marjan Kasapic  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14th of July, 2014

Jelena Rose Ristic  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 9 For Week Ending 6/21/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Perez, Jhonaton	J__Asbestos A _____ Class 1, 2 or 3		RT				7	8	8	23	36	936	15.1	U										
			OT						2	54		22.65	E											
			ST											O										
			GT													392.6	1328.6	936						
Trickovic, Perica	J__Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8	32	36	1476	15.1	U											
			OT		2	2	2		6	54		22.65	E			619.1	2095.1	1476						
			ST											O										
			GT																					
Velaphucha, Jaime	J__Asbestos A _____ Class 1, 2 or 3		RT					8	8	16	35	665	15.1	U										
			OT						2	52.5		22.65	E											
			ST											O										
			GT													286.9	951.9	665						
Nikolov, Zhivko	J__Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8	40	36	2844	15.1	U											
			OT	2	2	2	2	8	8	26	54		22.65	E										
			ST											O										
			GT													1192.9	4036.9	2844						
Miterski, Emil	J__Asbestos A _____ Class 1, 2 or 3		RT	8		8	8	8	40	36	2304	15.1	U											
			OT	2		2	2		8	16	54		22.65	E										
			ST											O										
			GT													966.4	3270.4	2304						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasapina certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Mariya Kasapina  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day  
14<sup>th</sup> of July, 20 14

Jelena Rose Ristic  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic  
Signature of Notary Public



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 9 For Week Ending 6/21/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124:208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Hourly Rate	10 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Paid to (Local # if Union is circled)	Total Paid							
				16	17	18	19	20	21	22													
Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT		16	6					22	36	5436	15.1			2280.1	7716.1	5436				
			OT		8	6	12	24	24	12	86	54		22.65									
			ST																				
			GT																				
Dragan, Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT	8							8	36	504	15.1			573.8	1077.8	504				
			OT	4							4	54		22.65									
			ST																				
			GT								12	72	864	30.2									
	J _____ A _____ Class 1, 2 or 3		RT																				
			OT																				
			ST																				
			GT																				
	J _____ A _____ Class 1, 2 or 3		RT																				
			OT																				
			ST																				
			GT																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic  
Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, KEVIN NOV (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMKO CORP (Name of Contractor), and that 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 EMKO CORP (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 10 For Week Ending **6/28/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If issued	T I M E																					
Angelkov, Trajce	J__Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8		40	36	2412	15.1	U E X O										
Angelkov, Ljupco	J__Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8		40	36	2412	15.1	U E X O										
Chiriboga, Jose	J__Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8		40	36	2304	15.1	U E X O										
Fraser, Rubin	J__Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8		40	36	2304	15.1	U E X O										
Garces, Jesus	J__Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8		40	36	2304	15.1	U E X O										

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariou Kasapirou certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapirou  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12 08 14

Jelena Rose Ristic  
 Signature of Notary Public



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 10 For Week Ending **6/27/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Lobos, Carols	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2412	15.1	U E X O			3423.7	2412						
Manastirski, Atanas	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2412	15.1	U E X O			3423.7	2412						
Martinez, Esteban	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2304	15.1	U E X O			3270.4	2304						
Nikolov, Zhivko	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2412	15.1	U E X O			3423.7	2412						
Miterski, Emil	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2412	15.1	U E X O			3423.7	2412						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marjov Kasapovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapovic  
Print Name Officer/Designee

[Signature]  
Signature

07/19/14  
Date

Sworn to before me, this day  
14<sup>th</sup> of July, 20 14

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 10 For Week Ending 6/27/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Martinez, Miguel	J_Asbestos A Class 1, 2 or 3		RT OT ST GT						8	8	36	288	15.1	U E X O										
Naumovski, Mile	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2412	15.1	U E X O										
Obando, Elbeth,	J_Asbestos A Class 1, 2 or 3		RT OT ST GT				8	8	8	24	36	1080	15.1	U E X O										
Perez, Jhonathon	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2412	15.1	U E X O										
Romero, Julio	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8						8	36	396	15.1	U E X O										

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Miguel Kusepina certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Miguel Kusepina Print Name Officer/Designee  
[Signature] Signature  
07/14/14 Date

Sworn to before me, this day 14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 10 For Week Ending 6/27/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18													
				Day and Date										Supplemental Benefits																							
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay	Hourly Rate	Paid to (Local # if Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net		
Salazar, Abel	J_Asbestos A _____ Class 1, 2 or 3			RT	8	8	8	8	8		40	36	2412	15.1	U E X O																						
				OT	2	2	2	2	2	8	18	54	22.65																								
				ST																																	
				GT																																	
																												1011.7	3423.7	2412							
Salazar, Teofilo	J_Asbestos A _____ Class 1, 2 or 3			RT	8						8	36	396	15.1	U E X O																						
				OT	2						2	54	22.65																								
				ST																																	
				GT																																	
																													166.1	562.1	396						
Soto, Alvin	J_Asbestos A _____ Class 1, 2 or 3			RT	8	8	8	8	8		40	36	2412	15.1	U E X O																						
				OT	2	2	2	2	2	8	18	54	22.65																								
				ST																																	
				GT																																	
																													1011.7	3423.7	2412						
Trickovic, Perica	J_Asbestos A _____ Class 1, 2 or 3			RT	8	8	8	8	8		40	36	1980	15.1	U E X O																						
				OT	2	2	2	2	2		10	54	22.65																								
				ST																																	
				GT																																	
																													830.5	2810.5	1980						
Velepucha, Jaime	J_Asbestos A _____ Class 1, 2 or 3			RT	8	8	8	8	8		40	36	2412	15.1	U E X O																						
				OT	2	2	2	2	2	8	18	54	22.65																								
				ST																																	
				GT																																	
																													1011.7	3423.7	2412						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapinovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinovic Print Name Officer/Designee  
[Signature] Signature  
07/14/14 Date

Sworn to before me, this day 14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 11 For Week Ending 6/28/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9			12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits									
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay							
Kasapinov, Pancho	J_Asbestos		RT	8	8	8	8	8		40	36	2412	15.1	U E X O	1011.7	3423.7	2412						
	A		OT	2	2	2	2	2	8	18	54	22.65											
			ST																				
			GT																				
	Class 1, 2 or 3																						
Pablo Criollo	J_Asbestos		RT					8		8	36	288	15.1	U E X O	120.8	408.8	288						
	A		OT							0	54	22.65											
			ST																				
			GT																				
	Class 1, 2 or 3																						
Marin, Luis	J_Asbestos		RT					8		8	36	288	15.1	U E X O	120.8	408.8	288						
	A		OT							0	54	22.65											
			ST																				
			GT																				
	Class 1, 2 or 3																						
Betencourth, Hector	J_Asbestos		RT					8		8	36	288	15.1	U E X O	120.8	408.8	288						
	A		OT							0	54	22.65											
			ST																				
			GT																				
	Class 1, 2 or 3																						
Torres, Ublando	J_Asbestos		RT					5		5	36	180	15.1	U E X O	75.5	255.5	180						
	A		OT							0	54	22.65											
			ST																				
			GT																				
	Class 1, 2 or 3																						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marijan Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/16/14  
 Date

Sworn to before me, this day 14 of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 10 For Week Ending 6/21/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification [Journeyman or Apprentice / Class 1,2,3]	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 With-holding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # if Union is circled)								Total Paid
				23	24	25	26	27	28	29													
Kasapinov, Emil	J Firewatch A _____ Class 1, 2 or 3		RT OT ST GT	8	8					16	36	7488	15.1		3140.8	10628.8	7488						
Blank	J _____ A _____ Class 1, 2 or 3		RT OT ST GT																				
Blank	J _____ A _____ Class 1, 2 or 3		RT OT ST GT																				
Blank	J _____ A _____ Class 1, 2 or 3		RT OT ST GT																				
Blank	J _____ A _____ Class 1, 2 or 3		RT OT ST GT																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marijan Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

6/14/14  
 Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, [Signature] (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by ENLO (Name of Contractor), and that 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 ENLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 11 For Week Ending 7/5/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Angelkov, Trajce	J__Asbestos A_____		RT OT ST GT	8	8		2		8	26	36	1260	15.1	U E X O		528.5	1788.5	1260						
Angelkov, Ljupco	J__Asbestos A_____		RT OT ST GT	8	8		2		8	34	36	1548	15.1	U E X O		649.3	2197.3	1548						
Hector, Betancourth	J__Asbestos A_____		RT OT ST GT						8	8	36	288	15.1	U E X O		120.8	408.8	288						
Chiriboga, Jose	J__Asbestos A_____		RT OT ST GT	8	8		2		8	26	36	1260	15.1	U E X O		528.5	1788.5	1260						
Fraser, Rubin	J__Asbestos A_____		RT OT ST GT		5					5	36	180	15.1	U E X O		75.5	255.5	180						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Margal Kasprison certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Margal Kasprison  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 11 For Week Ending 7/5/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		12	13	14	15	16	17	18			
				Day and Date										Supplemental Benefits											
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay								Total Base Pay	Hourly Rate	Paid to (Local # if Union is circled)
Martinez, Esteban	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	5							5	36	180	15.1	U E X O		75.5	255.5	180						
Martinez, Miguel	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8		2				18	36	864	15.1	U E X O		362.4	1226.4	864						
Mitreski, Emil	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	2		8	6	40	36	1872	15.1	U E X O		785.2	2657.2	1872						
Naumovski, Mile	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8		2				10	36	468	15.1	U E X O		196.3	664.3	468						
Nikolov Zhivko	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8		2		8	8	34	36	1548	15.1	U E X O		649.3	2197.3	1548						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marijan Kasapovic Print Name Officer/Designee  
[Signature] Signature  
7/14/14 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 11 For Week Ending 7/5/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9			12	13	14	15	16	17	18	
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay								Hourly Rate
Perez, Jhonathan	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8		2		8	8	34	36	1548	15.1	U E X O	649.3	2197.3	1548						
Ramirez, Osiris	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8		2		8	8	34	36	1548	15.1	U E X O	649.3	2197.3	1548						
Soto, Alvin	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8							8	36	396	15.1	U E X O	166.1	562.1	396						
Ublando, Torres	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8		2		8	8	34	36	1548	15.1	U E X O	649.3	2197.3	1548						
Trickovic, Perica	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8		8	2		8		26	36	1260	15.1	U E X O	528.5	1788.5	1260						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I MIRAN KUCIPANOV certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

MIRAN KUCIPANOV  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day  
14<sup>th</sup> of July, 20 14

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic  
Signature of Notary Public



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 11 For Week Ending **7/5/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Hourly Rate	10 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net		
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Paid to (Local # If Union is circled)	Total Paid									
				30	1	2	3	4	5	6															
Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT	8	8	8					24	36	2484	15.1	7 8 E O	1041.9	3525.9	2484							
			OT	4	6	6	14				30	54		22.65											
			ST																						
			GT																						
Ilija Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT							0	36	1944	15.1	U E O	1177.8	3121.8	1944								
			OT					12	12	12	36	54						22.65							
			ST																						
			GT																						
Panco Kasapinov	J _____ A _____ Class 1, 2 or 3		RT							8	8	8	36	1368	15.1	U E O	573.8	1941.8	1368						
			OT					12	4	4	20	54		22.65											
			ST																						
			GT																						
	J _____ A _____ Class 1, 2 or 3		RT												U E O										
			OT																						
			ST																						
			GT																						
	J _____ A _____ Class 1, 2 or 3		RT												U E O										
			OT																						
			ST																						
			GT																						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Margu Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov Print Name Officer/Designee [Signature] Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to before me, this day 14 of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That A. KASARIAN (Name of Signatory), J.P.C. (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by Blue Co (Name of Contractor), and that 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 Blue Co (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 001 For Week Ending 4/25/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net		
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # if Union is circled)								Total Paid	
				RT	OT	ST	GT																	
Alfaro-Lobo, Miguel	J_Asbestos A				8	8	8	8			32	35.1	1123.2	15.1		483.2	1606.4	1123.2						
Benavides, Erick	J_Asbestos A				8	8	8	8			32	35.1	1123.2	15.1		483.2	1606.4	1123.2						
Bacca, Franz	J_Asbestos A				8	8	8	8			32	35.1	1123.2	15.1		483.2	1606.4	1123.2						
Carrera, Javier	J_Asbestos A				8	8					16	35.1	561.6	15.1		241.6	803.2	561.6						
Carrera, Pedro	J_Asbestos A				8	8	8	8			32	35.1	1123.2	15.1		483.2	1606.4	1123.2						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Miguel Alfaro-Lobo certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Alfaro-Lobo  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 001 For Week Ending **4/25/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18	
				Day and Date										Supplemental Benefits											
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay
Ruiz, Celso	J Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8					32	35.1	1123.2	35.1	78	483.2	1606.4	1123.2					
Salvatierra, Walter	J Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8					32	35.1	1123.2	35.1	78	483.2	1606.4	1123.2					
Valle, Holman	J Asbestos A _____ Class 1, 2 or 3		RT		8	8							16	35.1	561.6	35.1	78	241.6	803.2	561.6					
Valezquez, Fredis	J Asbestos A _____ Class 1, 2 or 3		RT		8	8		8					24	35.1	842.4	35.1	78	362.4	1204.8	842.4					
Kasapinov, Dragan	J Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8					32	35.1	1123.2	35.1	U E X O	483.2	1606.4	1123.2					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Dragan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

DRAGAN KASAPINOV Print Name Officer/Designer  
[Signature] Signature  
07/19/14 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 001 For Week Ending 4/25 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9	10		11	12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits									
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay								
Kasapinov, Panco,	J _Asbestos A _____ Class 1, 2 or 3		R T O T S T G T		8	8	8	8			32	35.1	1123.2	15.1	U E X O	483.2	1606.4	1123.2						
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T												U E O									
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T												U E O									
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T												U E O									
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T												U E O									

**Key:**  
RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**  
1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marija Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marija Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

04/14/14  
Date

Jelena Rose Ristic  
Signature of Notary Public

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Statement of Compliance

I do hereby state:

I. That I, M. KARAFIDOU (Name of Signatory), APES (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by CHRYSLER (Name of Contractor), and that 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 BRUCO C. (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

<u>EXCEPTION (CRAFT)</u>	<u>EXPLANATION</u>

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 002 For Week Ending 5/2/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9	10		11	12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits									
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay								
Alfaro-Lobo,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	35.1	1930.5	15.1			709.7	2640.2	1930.5						
Benavides, Erick,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8		2	32	35.1	1298.7	15.1			513.4	1812.1	1298.7						
Bacca, Franz,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8		8	8	8		32	35.1	1193.4	15.1			513.4	1706.8	1123.2						
Carrera, Pedro,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	35.1	1509	15.1			649.3	2158.3	1509						
Blank	J_ A _____ Class 1, 2 or 3		RT OT ST GT																					

**Key:**  
RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I, Marijan Kasapic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapic  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 002 For Week Ending 5/2/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18		
				Day and Date										Supplemental Benefits												
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay	Hourly Rate
Jarczynski, Jan	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1					830.5	2761	1930.5						
Lara, Marvin	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1					830.5	2761	1930.5						
Martinez, Gary	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1509.3	15.1		2	52.65	22.65		649.3	2158.6	1509.3					
Pachay, Nixon	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1509.3	15.1		2	52.65	22.65		649.3	2158.6	1509.3					
Pachay, Elvis	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1509.3	15.1		2	52.65	22.65		649.3	2158.6	1509.3					

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Maryn Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

MAR. KASAPINOV  
Print-Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Jelena Rose Ristic  
Signature of Notary Public

Sworn to before me, this day  
14th of July, 20 14

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 002 For Week Ending 5/2/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Ruiz, Celso	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1509.3	15.1					649.3	2158.6					
Salvatierra, Walter	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1					709.7	2640.2					
Valezquez, Fredis	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8	8			24	35.1	947.7	15.1					407.7	1355.4					
Kasapinov, Panco	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1					709.7	2640.2					
Kasapinov, Dragan	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1					830.5	2761					

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Maryn Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

M. Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Jelena Rose Ristic  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 2 For Week Ending 5/4/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5 Day and Date							6	7	8	9 Supplemental Benefits		12	13	14	15	16	17	18											
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay								Total Base Pay	Hourly Rate	Paid to (Local # if Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net
				28	29	30	1	2	3	4																							
Emil Kasapinov, A _____ Class 1, 2 or 3	J Firewatch A _____ Class 1, 2 or 3		T I M E	RT	8	8		1				17	36	4824	15.1	7																	
				OT	7	2	14	9	14	8	24	78	54		22.65																		
				ST																													
				GT														2023.4	6847.4	4824													
Dragan, Kasapinov A _____ Class 1, 2 or 3	Firewatch A _____ Class 1, 2 or 3		T I M E	RT			8			2	10	36	3276	15.1	U																		
				OT		14	2	14	10	14	54	54		22.65																			
				ST																													
				GT														1374.1	4650.1	3276													
J _____ A _____ Class 1, 2 or 3			T I M E	RT											U																		
				OT																													
				ST																													
				GT																													
J _____ A _____ Class 1, 2 or 3			T I M E	RT											U																		
				OT																													
				ST																													
				GT																													

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
 Print Name Officer/Designer

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, M. HASANOV (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO Corp (Name of Contractor), and that 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 EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 003 For Week Ending 5/9/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18	
				Day and Date											Supplemental Benefits									
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWICID # If Issued	T R O T S T G T	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # if Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax	Other	Total Deductions	Net	
				Alfaro-Lobo,	J_Asbestos A Class 1, 2 or 3			8	8	4	8	6			34	35.1	1193.4	15.1		513.4	1706.8	1193.4		
Alvez, Netsor,	J_Asbestos A Class 1, 2 or 3			8	8	8	8				32	35.1	1123.2	15.1		483.2	1696.4	1123.2						
Benavides, Erick,	J_Asbestos A Class 1, 2 or 3			8	8	8	8				32	35.1	1123.2	15.1		483.2	1696.4	1123.2						
Bacca, Franz,	J_Asbestos A Class 1, 2 or 3			8	8	8	8	6			38	35.1	1333.8	15.1		573.8	1907.6	1333.8						
Bogoniecki, Wojciech,	J A Class 1, 2 or 3			8	8						16	35.1	561.6	15.1		241.6	803.2	561.6						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I MARIN KASAPINOV certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. KASAPINOV Print Name Officer/Designee  
[Signature] Signature  
07/14/14 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jeanelle R. Bistic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

[Signature]  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 003 For Week Ending 5/9/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Carrera, Pedro,	J_ Asbestos		RT OT ST GT	8	8	8	8	6			38	35.1	1333.8	15.1										
	A _____																							
	Class 1, 2 or 3																							
Chica, Elvin,	J_ Asbestos		RT OT ST GT	8	8	8	8				32	35.1	1123.2	15.1										
	A _____																							
	Class 1, 2 or 3																							
Gallardo, Elvis,	J_ Asbestos		RT OT ST GT	8	8	8	8				32	35.1	1123.2	15.1										
	A _____																							
	Class 1, 2 or 3																							
Gogsadze, Mikeil,	J_ Asbestos		RT OT ST GT	8			8	6	8			35.1	1053	15.1										
	A _____																							
	Class 1, 2 or 3																							
Iriate, Ivan,	J_ Asbestos		RT OT ST GT	8	8	8	8				32	35.1	1123.2	15.1										
	A _____																							
	Class 1, 2 or 3																							

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I MARION KASAPINA certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. KASAPINA  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
11<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. 003 For Week Ending **5/9/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18		
				Day and Date										Supplemental Benefits												
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay	Hourly Rate
Jarczynski, Jan	J_ Asbestos A _____ Class 1, 2 or 3			RT	8	8	8	8	6	2		40	35.1	1719.9	15.1			739.9	2459.8	1719.9						
Lara, Marvin	J_ Asbestos A _____ Class 1, 2 or 3			RT		8		8	6			22	35.1	772	15.1			332.2	1104.2	772						
Frank, Macay,	J_ Asbestos A _____ Class 1, 2 or 3			RT	8	8		8				24	35.1	842.4	15.1			362.4	1204.4	842.4						
Martinez, Gary	J_ Asbestos A _____ Class 1, 2 or 3			RT	8	8	8	8	6			38	35.1	1333.8	15.1			573.8	1907.6	1333.8						
Pachay, Nixon	J_ Asbestos A _____ Class 1, 2 or 3			RT	8	8						16	35.1	561.6	15.1			241.6	803.2	561.6						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I. Marjan Kasapinovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

I. Kasapinovic  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires **12-06-14**

Jelena Rose Ristic  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 003 For Week Ending 5/9/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # (if issued)	T I M E	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union Is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With- holding Tax	Other	Total Deductions	Net	
Pachay, Elvis	J_ Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	6			38	35.1	1333.8	15.1		573.8	1907.6	1333.8						
Ruiz, Celso	J_ Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	6			38	35.1	1333.8	15.1		709.7	2043.5	1333.8						
Rojas, Mario	J_ Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	4				28	35.1	982	15.1		422.8	1404.8	983						
Salatierra, Walter	J_ Asbestos A _____ Class 1, 2 or 3		R T O T S T G T		8	8	8	6			30	35.1	1053	15.1		453	1506	1053						
Savchenko, Sergii	J_ Asbestos A _____ Class 1, 2 or 3		R T O T S T G T P	8	8	8	8	8			40	35.1	1404	15.1		604	2008	1404						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasapianov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. KASAPIANOV  
Print Name Officer/Designer

[Signature]  
Signature

05/14/14  
Date

Jelena Rose Ristic  
Signature of Notary Public

Sworn to before me, this day  
14<sup>th</sup> of July, 2014.

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 3 For Week Ending 5/11/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWICID # (if issued)	RT OT ST GT	5	6	7	8	9	10	11														
Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT OT ST GT		8		8				16	36	3600	15.1										
Dragan, Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT OT ST GT	2	14	2	14	10	14		56	54		22.65			1510	5110	3600					
	J _____ A _____ Class 1, 2 or 3		RT OT ST GT			8		8			16	36	4896	15.1										
	J _____ A _____ Class 1, 2 or 3		RT OT ST GT	14	2	14	2	14	10	24	80	54		22.65			2053.6	6949.6	4896					
	J _____ A _____ Class 1, 2 or 3		RT OT ST GT																					
	J _____ A _____ Class 1, 2 or 3		RT OT ST GT																					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Maryam Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov Print Name Officer/Designee  
[Signature] Signature  
07/14/14 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, R. KASATNIK (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO Corp (Name of Contractor), and that 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 EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** E I N # \_\_\_\_\_

Payroll No. 004 For Week Ending **5/17/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 T I M E	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 With- holding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union Is circled)								Total Paid
				RT	OT	ST	GT																
Alfaro-Lobo,	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2142	15.1			898.45	3040.45	2142					
			OT	3	2	2	4	2		13	52.65		22.65										
			ST																				
			GT																				
Bacca, Franz,	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2142	15.1			898.45	3040.45	2142					
			OT	3	2	2	4	2		13	52.65		22.65										
			ST																				
			GT																				
Carrera, Pedro,	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2142	15.1			898.45	3040.45	2142					
			OT	3	2	2	4	2		13	52.65		22.65										
			ST																				
			GT																				
Gogsadze, Mikheil,	J_Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2412	15.1			1011.77	3423.77	2412					
			OT		2	2	4	2	8	18	52.65		22.65										
			ST																				
			GT																				
Jarczynski, Jan,	J_ A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2574	15.1			1079.65	3653.65	2574					
			OT	3	2	2	4	2	8	21	52.65		22.65										
			ST																				
			GT																				

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Margon Kasapovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapovic  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Jolana Rose Ruzic  
Signature of Notary Public

Sworn to before me, this day  
14th of July, 2014



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 004 For Week Ending 5/17/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 T I M E	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Hourly Rate	10 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 With- holding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Paid to (Local # If Union is circled)	Total Paid								
				RT	OT	ST	GT																	
Lara, Marvin,	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	8	8		40	36	2142	15.1			898.45	3040.45	2142						
Martinez, Gary,	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	8	8		40	36	2142	15.1			898.45	3040.45	2142						
Pachay, Elvis	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	8	5		37	36	1926	15.1			807.85	2679.85	1872						
Ruiz, Celso,	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	8	8		40	36	2142	15.1			898.45	2040.45	2142						
Salvatierra, Walter,	J_ _____ A _____ Class 1, 2 or 3			8	8					16	36	846	15.1			317.1	1073.1	756						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasadinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

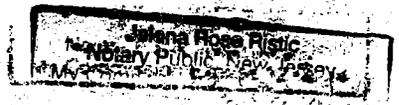
M. Kasadinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Jolene Rose...  
 Signature of Notary Public

Sworn to before me, this day  
14<sup>th</sup> of July, 2014





# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 4 For Week Ending 5/17/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits								
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay							
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	12	13	14	15	16	17	18													
Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3		R T O T S T G T		8		8		8		24	36	2376	15.1									
Dragan, Kasapinov	J Firewatch A _____ Class 1, 2 or 3		R T O T S T G T		4		4	14	12	18	52	54	3384	15.1									
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T																				
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T																				
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marija Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
14th of July, 2014

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, M. KASPERNEJ (Name of Signatory), [Signature] (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO CORP (Name of Contractor), and that 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 EMLO CORP (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. 005 For Week Ending **5/24/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9			10	11	12	13	14	15	16	17	18								
				Day and Date										Supplemental Benefits																			
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay										Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	Time	RT	8	8	8	8	8			40	36	1872	15.1	EX O	785.2	2657.2	1872														
				OT	2	2	2		2			8	54	22.65																			
				ST																													
				GT																													
Jordanov, Kiril	J_Asbestos A _____ Class 1, 2 or 3																																
Kasapionv, Panco	J_Firewatch A _____ Class 1, 2 or 3			RT	8	8	8	8	8			40	35	2642	15.1	EX O	1124.95	3766.95	2642														
				OT	7	4	4	4	4			23	54	22.65																			
				ST																													
				GT																													
Nikolov, Zhivko	J_Asbestos A _____ Class 1, 2 or 3							8	8			16	36	684	15.1	EX O	286.9	970.9	684														
OT								2	54	22.65																							
ST																																	
GT																																	
Simic, Milos	J_Asbestos A _____ Class 1, 2 or 3											32	36	1476	15.1	EX O	619.1	2095.1	1476														
OT	2	2	2						6	54	22.65																						
ST																																	
GT																																	
Kasapionv, Pancho	J_Asbestos A _____ Class 1, 2 or 3											40	36	2304	15.1	U E X O	966.4	3270.4	2304														
OT	2	2	2			2	8		16	54	22.65																						
ST																																	
GT																																	

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Milica Kasapionv certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapionv  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 005 For Week Ending 5/24/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits								
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay							
Kasapinov, Dragar	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2304	15.1	U E X O		966.4	3270.4	2304					
Azocue, Luis	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT					8		8	36	396	15.1	U E X O		166.1	562.1	396					
Blank	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT											U E X O									
Blank	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT											U E X O									
Blank	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT											U E X O									

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I, MARION KASAPINOV certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14th of July, 20 14

**Jelena Rose Pistic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Pistic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 5 For Week Ending 5/24/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits								
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay							
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	19	20	21	22	23	24	25													
Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3		R T O T S T G T		8			8				16	36	2304	15.1								
Dragan, Kasapinov	J Firewatch A _____ Class 1, 2 or 3		R T O T S T D T			8	8					16	36	3600	15.1								
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T																				
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T																				
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Maryann Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov Print Name Officer/Designee  
[Signature] Signature  
07/19/14 Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, A. KASAPINOW (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO (Name of Contractor), and that 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 EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 006 For Week Ending 5/31/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9			10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits											
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay									
Alfaro-Lobo,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8				24	36	1728	15.1			724.8	2452.8	1728						
Bacca, Franz,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8	8			32	36	1584	15.1			664.4	2248.4	1584						
Carrera, Pedro,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8	8	8		40	36	1872	15.1			785.2	2657.2	1872						
Gogsadze, Mikheil,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8	8	8		40	36	2358	15.1			989.05	3347.05	2358						
Jarczynski, Jan,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8	8	8		40	36	2412	15.1			1011.7	3423.7	2412						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Margan Kasapianov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapianov  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Jelena Rose Ristic  
Signature of Notary Public

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. **006** For Week Ending **5/24/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9			10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits											
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay									
Lara, Marvin	J_Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8	8	8	40	36	2412	15.1	785.2	2657.2	1872								
				OT	10	2	2	2	2	18	54	22.65													
				ST																					
				GT																					
Martinez, Gary	J_Asbestos A _____ Class 1, 2 or 3		RT	0	8	8	8	8	8	40	36	1872	15.1	785.2	2657.2	1872									
				OT		2	2	2	2	8	54	22.65													
				ST																					
				GT																					
Pachay, Elvis	J_Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8	8	40	36	1872	15.1	785.2	2657.2	1872									
				OT		2	2	2	2	8	54	22.65													
				ST																					
				GT																					
Ruiz, Celso	J_Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8	8	40	36	2412	15.1	785.2	2657.2	1872									
				OT	10	2	2	2	2	18	54	22.65													
				ST																					
				GT																					
Savchenko, Sergii	J_Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8	8	40	36	1872	15.1	785.2	2657.2	1872									
				OT		2	2	2	2	8	54	22.65													
				ST																					
				GT																					

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

IMGRJUN KACEPIMOV certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. KACEPIMOV  
Print Name Officer/Designer

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day  
14<sup>th</sup> of July 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic  
Signature of Notary Public







Statement of Compliance

I do hereby state:

1. That I [Signature] (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by [Signature] EMLO (Name of Contractor), and that 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 EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 002 For Week Ending 5/2/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 T M O S T G	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Hourly Rate	10 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Paid to (Local # If Union is circled)	Total Paid							
Alfaro-Lobo,	J Asbestos A _____ Class 1, 2 or 3	16/4 WIVJCK	R	8	8	8	8	8		40	35.1	1930.5	15.1			709.7	2540.2	1930.5					
			T																				
			O				2		8		10	52.65	22.65										
			S																				
Benavides, Erick,	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8	10			34	35.1	1193.4	15.1			513.4	1706.8	1193.4					
			T																				
			O																				
			S																				
Bacca, Franz,	J Asbestos A _____ Class 1, 2 or 3	16/4 SSDmb	R	8		8	10	8		34	35.1	1193.4	15.1			513.4	1706.8	1123.2					
			T																				
			O																				
			S																				
Carrera, Pedro,	J Asbestos A _____ Class 1, 2 or 3	16/4 RCASPD	R	8	8	8	8	8		40	35.1	1509	15.1			649.3	2158.6	1509.3					
			T																				
			O				2				2	52.65	22.65										
			S																				
Blank	J _____ A _____ Class 1, 2 or 3		R																				
			T																				
			O																				
			S																				

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov UP  
Print Name Officer/Designee

[Signature]  
Signature

5/27/14  
Date

[Signature]  
Signature of Notary Public

Sworn to before me, this day  
27 of MAY, 2014

**EDWARD S. BUTTS, JR.**  
Notary Public State of New York  
No. 034520884  
Qualified in Queens County  
State of New York Expires 12/31/15  
County of QUEENS

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor <input type="checkbox"/> or Subcontractor <input checked="" type="checkbox"/>	EMLO Corporation	Address 50 Barnes Street Paterson, NJ 07501	EIN #
Payroll No. 002	For Week Ending 5/2/14	Project & Location: Abatement & Demolition of Hangars 2 & 4	PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9			10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits											
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay									
Jarczynski, Jan	J_ Asbestos A _____ Class 1, 2 or 3	1910 BGGJV	RT	8	8	8	8	8			40	35.1	1930.5	15.1											
			OT				2		8			10	52.65		22.65										
			ST																						
			GT																						
			E																						
Lara, Marvin	J_ Asbestos A _____ Class 1, 2 or 3	1714 VKFCRN	RT	8	8	8	8	8			40	35.1	1930.5	15.1											
			OT				2		8			10	52.65		22.65										
			ST																						
			GT																						
			E																						
Martinez, Gary	J_ Asbestos A _____ Class 1, 2 or 3	1814 GPOVAH	RT	8	8	8	8	8			40	35.1	1509.3	15.1											
			OT				2					2	52.65		22.65										
			ST																						
			GT																						
			E																						
Pachay, Nixon	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8			40	35.1	1509.3	15.1											
			OT				2					2	52.65		22.65										
			ST																						
			GT																						
			E																						
Pachay, Elvis	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8			40	35.1	1509.3	15.1											
			OT				2					2	52.65		22.65										
			ST																						
			GT																						
			E																						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov Print Name Officer/Designee  
[Signature] Signature  
 5/27/14 Date  
[Signature] Signature of Notary Public

Sworn to before me, this day  
27 of MAY 2014

**EDWARD S. BUTTS, JR.**  
 Notary Public State of New York  
 No. 034520844  
 Commission Expires 1/31/15  
 State of New York  
 County of QUEEN

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 002 For Week Ending 5/2/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5 Day and Date							6	7	8	9 Supplemental Benefits			12	13	14	15	16	17	18		
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay								Hourly Rate	Paid to (Local # If Union is circled)
Ruiz, Celso	J_ Asbestos A _____ Class 1, 2 or 3	1514 D42 B02	RT	8	8	8	8	8		40	35.1	1509.3	15.1												
			OT				2			2	52.65		22.65												
			ST																						
			GT														649.3	2158.6	1509.3						
Salvatierra, Walter	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1												
			OT				2		8	10	52.65		22.65												
			ST																						
			GT														709.7	2640.2	1930.5						
Valezquez, Fredis	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8	10			26	35.1	912.6	15.1												
			OT																						
			ST																						
			GT														392.6	1305.2	912.6						
Kasapinov, Panco	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1												
			OT				2		8	10	52.65		22.65												
			ST																						
			GT														709.7	2640.2	1930.5						
Kasapinov, Dragan	J_ Asbestos A _____ Class 1, 2 or 3	1710 CSDBR 07	RT	8	8	8	8	8		40	35.1	1930.5	15.1												
			OT				2		8	10	52.65		22.65												
			ST																						
			GT														830.5	2761	1930.5						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

5/27/14  
Date

Edward S. Butts, Jr.  
Signature of Notary Public

Sworn to before me, this day  
27 of MAY 20 14

**EDWARD S. BUTTS, JR.**  
Notary Public State of New York  
No. 034620064  
Commission Expires \_\_\_\_\_  
State of New York  
County of \_\_\_\_\_  
[Signature]

Statement of Compliance

I do hereby state:

1. That I, Emil Kasapovic (Name of Signatory), U.P. (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMO CORPORATION (Name of Contractor), and that 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 EMO CORPORATION (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor <input type="checkbox"/> or Subcontractor <input checked="" type="checkbox"/>		EMLO Corporation					Address 50 Barnes Street Paterson, NJ 07501					EIN #												
Payroll No. 003		For Week Ending 5/9/14			Project & Location: Abatement & Demolition of Hangars 2 & 4								PA Contract Number: LGA-124.208											
1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union Is Circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
Alfaro-Lobo,	J_Asbestos A	1614 WJWJCT	RT	8	8	4	8	6			34	35.1	1193.4	15.1			513.4	1706.8						
Alvez, Netsor,	J_Asbestos A		RT	8	8	8	8				32	35.1	1123.2	15.1		483.2	1696.4	1123.2						
Benavides, Erick,	J_Asbestos A		RT	8	8	8	8				32	35.1	1123.2	15.1		483.2	1696.4	1123.2						
Bacca, Franz,	J_Asbestos A	1614 BSUDMB	RT	8	8	8	8	6			38	35.1	1333.8	15.1			573.8	1907.6	1333.8					
Bogonlecki, Wojciech,	J_ A		RT	8	8						16	35.1	561.6	15.1			241.6	803.2	561.6					

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kosciniow certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kosciniow, UP

Print Name Officer/Designee

[Signature]

Signature

5/27/14

Date

Edo H. Butts, Jr

Signature of Notary Public

Sworn to before me, this day  
27 of MAY 2014

**EDWARD S. BUTTS, JR**  
Notary Public State of New York  
No. 024520844  
Qualified in Queens County  
Commission Expires 12/31/15  
State of New York  
County of Queens

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 003 For Week Ending **5/9/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5 Day and Date							6	7	8	9	10 Supplemental Benefits		12	13	14	15	16	17	18			
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay								Total Base Pay	Hourly Rate	Paid to (Local # If Union Is circled)
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union Is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax	Other	Total Deductions	Net			
				Carrera, Pedro,	J_ Asbestos	1414 2C+SPD	8	8	8	8	6		38	35.1	1333.8	15.1		573.8	1907.6	1333.8						
				Chica, Elvin,	J_ Asbestos		8	8	8	8			32	35.1	1123.2	15.1		483.2	1606.4	1123.2						
				Gallardo, Elvis	J_ Asbestos		8	8	8	8			32	35.1	1123.2	15.1		483.2	1606.4	1123.2						
				Gogsadze, Mikell,	J_ Asbestos		8			8	6	8		35.1	1053	15.1		453	1506	1509.3						
Iriate, Ivan,	J_ Asbestos		8	8	8	8				32	35.1	1123.2	15.1		483.2	1606.4	1123.2									

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kosopinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kosopinov  
Print Name Officer/Designee

[Signature]  
Signature

5/27/14  
Date

[Signature]  
Signature of Notary Public

Sworn to before me, this day  
27 of MAY, 20 14

**EDWARD S. BUTTS, JR.**  
Notary Public State of New York  
Qualified in Queens County  
Commission Expires  
State of New York  
County of Queens



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 003 For Week Ending **5/9/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4 Day and Date							6	7	8	9 Supplemental Benefits		12	13	14	15	16	17	18			
			Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay								Total Base Pay	Hourly Rate	Paid to (Local # If Union Is Circled)
Pachay, Elvis	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	6		38	35.1	1333.8	15.1	7										
			OT																					
			ST																					
			GT																					
																	573.8	1907.6	1333.8					
Ruiz, Celso	J_ Asbestos A _____ Class 1, 2 or 3	514 D42802	RT	8	8	8	8	6		38	35.1	1333.8	15.1	7										
			OT																					
			ST																					
			GT																					
																	709.7	2043.5	1333.8					
Rojas, Mario	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	4			28	35.1	982	15.1	7										
			OT																					
			ST																					
			GT																					
																	422.8	1404.8	983					
Salatierra, Walter	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	6		30	35.1	1053	15.1	U										
			OT																					
			ST																					
			GT																					
																	453	1506	1053					
Savchenko, Sergii	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1404	15.1	U										
			OT																					
			ST																					
			GT																					
																	604	2008	1404					

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapina certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapina  
Print Name Officer/Designee

[Signature]  
Signature

5/27/14  
Date

Ed L. Butts, Jr.  
Signature of Notary Public

Sworn to before me, this day 27 of May, 2014

**EDWARD S. BUTTS, JR.**  
Notary Public State of New York  
No. 034520844  
Commission Expires \_\_\_\_\_  
State of New York  
County of Queens



Statement of Compliance

I do hereby state:

1. That I, Emil Kosciuszko (Name of Signatory), U.P. (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMO CORPORATION (Name of Contractor), and that 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 EMO CORPORATION (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor <input type="checkbox"/> or Subcontractor <input checked="" type="checkbox"/>		EMLO Corporation		Address 50 Barnes Street Paterson, NJ 07501		EIN #	
Payroll No. 004	For Week Ending 5/17/14	Project & Location: Abatement & Demolition of Hangars 2 & 4				PA Contract Number: LGA-124.208	

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 T I M E	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union Is Circled)								Total Paid
				R	O	S	G	T	E	O													
Alfaro-Lobo,	J Asbestos A _____ Class 1, 2 or 3	1614 WIVJCI	R	8	8	8	8	8		40	36	2142	15.1			898.45	3040.45	2142					
			O	3	2	2	4	2		13	52.65		22.65										
			S																				
			G																				
Bacca, Franz,	J Asbestos A _____ Class 1, 2 or 3	1614 SSIDMB	R	8	8	8	8	8		40	36	2142	15.1		898.45	3040.45	2142						
			O	3	2	2	4	2		13	52.65		22.65										
			S																				
			G																				
Carrera, Pedro,	J Asbestos A _____ Class 1, 2 or 3	1614 R+SPO	R	8	8	8	8	8		40	36	2142	15.1		898.45	3040.45	2142						
			O	3	2	2	4	2		13	52.65		22.65										
			S																				
			G																				
Gogsadze, Mikheil,	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8		40	36	2412	15.1		1011.77	3423.77	2412						
			O		2	2	4	2	8	18	52.65		22.65										
			S																				
			G																				
Jarczynski, Jan,	J _____ A _____ Class 1, 2 or 3	1910 BVGJSU	R	8	8	8	8	8		40	36	2574	15.1		1079.65	3653.65	2574						
			O	3	2	2	4	2	8	21	52.65		22.65										
			S																				
			G																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

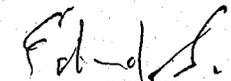
- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov, UP   
 Print Name Officer/Designee Signature

5/27/14  
 Date

Sworn to before me, this day  
27 of MAY, 2014

  
 Signature of Notary Public

**EDWARD S. BUTTS JR**  
 Notary Public State of New York  
 No. 02452024  
 Commission Expires 1/31/15  
 State of New York  
 County of Queens  
 Q 25 ENY

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 004 For Week Ending **5/17/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 T, I, M, E	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)							
Lara, Marvin	J Asbestos	1714	R	8	8	8	8	8		40	36	2142	15.1			898.45	3040.45	2142				
	A _____	VLFCAW	O	3	2	2	4	2		13	52.65		22.65									
	Class 1, 2 or 3		S																			
			G																			
Martinez, Gary	J Asbestos	1814	R	8	8	8	8	8		40	36	2142	15.1			898.45	3040.45	2142				
	A _____	6PVAH	O	3	2	2	4	2		13	52.65		22.65									
	Class 1, 2 or 3		S																			
			G																			
Pachay, Elvis	J Asbestos		R	8	8	8	10	5		40	36	1872	15.1			807.85	2679.85	1872				
	A _____		O	3	2	2	2			8	52.65		22.65									
	Class 1, 2 or 3		S																			
			G																			
Ruiz, Celso, I	J Asbestos	1514	R	8	8	8	8	8		40	36	2142	15.1			898.45	2040.45	2142				
	A _____	DA2B02	O	3	2	2	4	2		13	52.65		22.65									
	Class 1, 2 or 3		S																			
			G																			
Salvatierra, Walter	J _____		R	11	10					21	36	756	15.1			317.1	1073.1	756				
	A _____		O																			
	Class 1, 2 or 3		S																			
			G																			

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasadinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasadinov  
 Print Name Officer/Designee

[Signature]  
 Signature

5/17/14  
 Date

[Signature]  
 Signature of Notary Public

Sworn to before me, this day  
27 of MAY, 2014

**EDWARD S. BUTTS JR**  
 Notary Public State of New York  
 No. 034520844  
 Commission Expires \_\_\_\_\_  
 State of New York  
 County of \_\_\_\_\_  
[Signature]



Statement of Compliance

I do hereby state:

1. That I, Emil Kasapovic (Name of Signatory), U.P. (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMO CORPORATION (Name of Contractor), and that 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 EMO CORPORATION (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

<u>EXCEPTION (CRAFT)</u>	<u>EXPLANATION</u>

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 005 For Week Ending **5/24/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9			12	13	14	15	16	17	18		
				Day and Date										Supplemental Benefits											
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax	Other	Total Deductions	Net		
Alfaro-Lobo,	J_ Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	36	2304	15.1	7	966.4	3270.4	2304							
			T																						8
			O	2	2	2		2	8			16	54		22.65										E
			S																						O
Bacca, Franz,	J_ Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	36	1872	15.1	7	785.2	2657.2	1872							
			T																						8
			O	2	2	2		2				8	54		22.65										E
			S																						O
Carrera, Pedro	J_ Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	36	2304	15.1	7	966.4	3270.4	2304							
			T																						8
			O	2	2	2		2	8			16	54		22.65										E
			S																						O
Gogsadze, Mikheil,	J_ Asbestos A _____ Class 1, 2 or 3		R	8	5	8	8	8	3		40	36	2034	15.1	7	853.15	2887.15	2034							
			T																						8
			O	2		2		2	5			11	54		22.65										E
			S																						O
Jarczynski, Jan,	J_ Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	36	2304	15.1	U	966.4	3270.4	2304							
			T																						8
			O	2	2	2		2	8			16	54		22.65										E
			S																						O

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov, OP  
 Print Name Officer/Designee Signature

06-20-14  
 Date

Sworn to before me, this day  
13 of 06, 2014

**RODRIGO MURILLO**  
 NOTARY PUBLIC STATE OF NEW YORK  
 no. 01MUG177780  
 QUALIFIED IN QUEENS COUNTY  
 COMMISSION EXPIRES 2015

[Signature]  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 005 For Week Ending 5/24/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits								
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay							
Lara, Marvin	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2304	15.1			966.4	3270.4	2304					
Martinez, Gary	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	0	8	8	8	8	8	40	36	1872	15.1			739.9	2611.9	1872					
Pachay, Elvis	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	0	0	0	0	0	0	0	36		15.1			0	0	0					
Ruiz, Celso	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	1872	15.1			785.2	2657.2	1872					
Savchenko, Sergii	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2304	15.1			966.4	3270.4	2304					

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

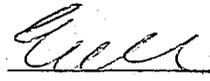
U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapirou certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapirou  06-13-14  
Print Name Officer/Designer Signature Date

Sworn to before me, this day  
17 of 06, 2014

**RODRIGO MURILLO**  
NOTARY PUBLIC STATE OF NEW YORK  
no. 01MU6177780  
QUALIFIED IN QUEENS COUNTY  
COMMISSION EXPIRES 2015

  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 005 For Week Ending **5/24/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4							6	7	8	9		12	13	14	15	16	17	18		
			Day and Date										Supplemental Benefits										
Employee's Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T	M	W	T	F	S	S	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union Is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
																							Mon
Jordanov, Kiril,	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8		40	36	1872	15.1	E X O	785.2	2657.2	1872						
			O	2	2	2		2		8	54	22.65											
			S																				
			G																				
Kasapionv, Pancho,	J Asbestos A _____ Class 1, 2 or 3		R	15	12	12	12	12		63	36	2205	15.1	E X O	951.3	3156.3	2205						
			O							0		22.65											
			S																				
			G																				
Nikolov, Zhivko,	J Asbestos A _____ Class 1, 2 or 3		R					10	8	18	36	648	15.1	E X O	271.8	919.8	648						
			O							0	54	22.65											
			S																				
			G																				
Simic, Milos	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8			32	36	1476	15.1	E X O	619.1	2095.1	1476						
			O	2	2	2				6	54	22.65											
			S																				
			G																				
Kasapionv, Pancho,	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8		40	36	2304	15.1	U E X O	966.4	3270.4	2304						
			O	2	2	2		2	8	16	54	22.65											
			S																				
			G																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Enil Kasapionv certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Enil Kasapionv, V.P. Print Name Officer/Designee  
[Signature] Signature  
 06-13-14 Date

Sworn to before me, this day  
13 of 06, 2014

**RODRIGO MURILLO**  
 NOTARY PUBLIC STATE OF NEW YORK  
 no. 01MU6177780  
 QUALIFIED IN QUEENS COUNTY  
 COMMISSION EXPIRES 2015

[Signature]  
 Signature of Notary Public



Statement of Compliance

I do hereby state:

1. That I, Emil Kasapilov (Name of Signatory), UP (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO Corp (Name of Contractor), and that 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 EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 006 For Week Ending 5/31/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Alfaro-Lobo,	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8				24	36	1728	15.1	7 8 E O	724.8	2452.8	1728					
				OT	10	2	2	2			16	54		22.65										
				ST																				
				GT																				
Bacca, Franz,	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8	8			32	36	1584	15.1	7 8 E O	664.4	2248.4	1584					
				OT		2	2	2	2			8	54		22.65									
				ST																				
				GT																				
Carrera, Pedro	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8	8	8			40	36	1872	15.1	7 8 E O	785.2	2657.2	1872				
				OT		2	2	2	2			8	54		22.65									
				ST																				
				GT																				
Gogsadze, Mikheil,	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8	8	8			40	36	2358	15.1	7 8 E O	989.05	3347.05	2358				
				OT	9	2	2	2	2			17	54		22.65									
				ST																				
				GT																				
Jarczynski, Jan,	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8	8	8			40	36	2412	15.1	U E O	1011.7	3423.7	2412				
				OT	10	2	2	2	2			18	54		22.65									
				ST																				
				GT																				

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapianov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapianov, VP  06-12-14  
Print Name Officer/Designee Signature Date

Sworn to before me, this day  
13 of 06, 2014

**RODRIGO MURILLO**  
NOTARY PUBLIC STATE OF NEW YORK  
no. 01MU6177780  
QUALIFIED IN QUEENS COUNTY  
COMMISSION EXPIRES 2015

  
Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, Emil Kaspidov (Name of Signatory), UP (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO Corp (Name of Contractor), and that 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 EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and 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.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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