



# CONTRACTOR PROFILE

**Project Name:** \_\_\_\_\_

Business Name: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Our agreement/contract dated \_\_\_\_\_ is with \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

For \_\_\_\_\_  
(Identify specific contract work)

Will you sub out any of your contract work? \_\_\_\_\_ If yes, please identify subs: \_\_\_\_\_

Person authorized to certify (sign) payroll reports: \_\_\_\_\_

Person submitting electronic payroll reports: \_\_\_\_\_ Email: \_\_\_\_\_

Identify work classifications (as listed in project wage decision) you anticipate using, base rate of pay, and total wage payment:

<u>Work Classification</u> (Group #, if applicable. Add pages if necessary)	<u>Base Rate of Pay</u>	<u>Total Wage Payment</u> (base +fringes)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Check (A), (B) or (C) identifying how fringe benefits are paid to your workers:

- (A) \_\_\_\_\_ included with pay check in the amount of \$ \_\_\_\_\_;
- (B) \_\_\_\_\_ funded (with trustee or third party) fringe benefit plan in the hourly amounts indicated below:
- (C) \_\_\_\_\_ unfunded\* (company-paid) fringe benefit plan in the hourly amounts indicated below  
(identify for each employee working on the project, include: hourly fringe amounts, provider/company name if applicable, & how often contribution is made):

<u>*Holiday</u>	<u>*Vacation</u>	<u>*Sick Leave</u>	<u>Health</u>	<u>Dental</u>	<u>Life</u>	<u>Pension</u>	<u>Other</u> (identify)	<u>TOTAL HOURLY FRINGE RATE</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ =	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ =	\$ _____

Benefit funds are deposited into Account #(s) \_\_\_\_\_ and are maintained by (agency name & address):

\_\_\_\_\_ Phone #: \_\_\_\_\_

**IF FUNDS ARE MAINTAINED BY A THIRD PARTY FRINGE BENEFIT PLAN, PLEASE ATTACH A CURRENT LETTER FROM THE FUND ADMINISTRATOR.**

Owner/Principal Officer & Title (PLEASE PRINT) \_\_\_\_\_ Owner/Principal Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

IS THIS A SOLE PROPRIETORSHIP OR PARTNERSHIP BUSINESS?  Yes  No