

Form-4 580866

ON-SITE PAYROLL REPORT

New South Construction Company

Complete a Separate Form for Each Contract with New South Construction Company Inc..

Your report is due to the Aon Insurance Administrator, identified below, no later than the 10th day of the succeeding month.

Complete this report even though no work was performed; enter zero (0) for the Reportable Payroll.

Delay in providing this report may result in payments being withheld.

Period Beginning: Period Ending: Period Ending: Year:	A. Report Identification						
Period Beginning: Contractor: Under Contract with: Contract #: Con				2		3	
Under Contract with: Contract #: Contract #: Contract #: Click here to enter text. Freportable Payroll * Reportable Payroll * Reportable Payroll * Freportable Payroll * TOTALS: TOTALS: TOTALS: Do not include premium (excess) overtime wages, use straight time wage rates only. You must also comply with all rules set forth by the Workers Compensation Bureau in the state in which the work is performed. D. Signature Block: I verify the information presented above and attachments are correct: Name: Click here to enter text. Date: Signature: Click here to enter text. Click here to enter text. Click here to enter text. Signature Date: Signature Signature: Click here to enter text.	Period Beginning:		ng:	Period Ending:		Year:	
B. Activity Report A	Contractor:		tor:				
B. Activity Report A	5						
B. Activity Report A							
State Workers Compensation Class Code Work Description Man-Hours Gross Payroll Reportable Payroll * 1	Contract #:		t#:	Click here to enter text.			
A Workers Compensation Class Code 1	B. Activity Report						
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Name: Date:							
Title: Signature:	D. Signature Block: I verify the information presented above and attachments are correct:						
Title: Signature:	Name: Date:						
	Title: Signature:						
IT TUDEUR IF THIS IS TOUR LAST PATROLL REPURT. CUMPLETE AN AUN FURMI-5 "NOTIUM OF WORK							
COMPLETION" AND INCLUDE WITH THIS PAYROLL REPORT.							
Note: Information can be submitted or uploaded on-line at www.aonwrap.aon.com . Please contact your Administration Staff to obtain a user ID and Password.							

Fax or Email to: Cathy Caputo Phone: Click here to enter text.

Acs.construction@aon.com Fax: