PAYROLL REPORT			
NAME OF CONTRACTOR | OR SUBCONTRACTOR	***Delaware Department of Labor*** *Division of Industrial Affairs* *225 Corporate Boulevard* *Suite 104* *Newark, DE 19702* *302-451-3423*	**ADDRESS:**	590 CENTURY BLVD., SUITE B WILMINGTON, DE 19808
ASSURANCE MEDIA, LLC		**PHONE:**	(302) 892-3540
Project and Location	**WEEK ENDING DATE** / **CONTRACT NUMBER**	**DATE OF PREVAILING WAGE DETERMINATION USED ON THIS PROJECT:**	

NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	WORK CLASSIFICATION		DAY & DATE & HOURS WORKED EACH DAY							TOTAL HOURS & RATE OF PAY		GROSS AMOUNT EARNED	DEDUCTIONS					NET WAGES PAID	HOURLY VALUE OF FRINGES
			M	T	W	T	F	S	S	HOURS	RATE		FICA	FWT	SWT				
1		S																	
		O																	
2		S																	
		O																	
3		S																	
		O																	
4		S																	
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