**CONTRACTOR PROFILE FORM**
(If additional space is needed, please attach a separate sheet.)

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor/Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Tax ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our contract is with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
 (identify specific work to be performed)

Will any work be subcontracted out? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, to whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) authorized to sign (certify) Payroll reports: 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify work classification(s), base wage payment and total wage for each individual performing work on the project site. Attach additional sheets if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Classification from wage decision (include group number, if applicable)** | **Base Rate of Pay** | **Fringe** | **Total Wage (including Fringe)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The fringe benefit payment will be (check A, B or C below):

(A) \_\_\_\_\_\_ paid to a Union benefit plan (or plans) in the amounts indicated below:

Complete chart below or attach schedule of fringe benefits.

|  |  |
| --- | --- |
| **Benefit** | **Amount** |
| Vacation and Holiday |  |
| Union Dues |  |
| Health and Welfare Benefits |  |
| Pension |  |
| Annuity |  |
| Other (Identify) |  |
|  |  |

Benefit funds are deposited into accounts maintained by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_ Acct. #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_

(B) \_\_\_\_\_\_ paid directly (with the pay check) to each worker in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_

(C) \_\_\_\_\_\_ paid to an unfunded benefit plan (or plans) in the amounts indicated below:
 **\*\*\*If requested, copies of benefit plans to be submitted for review/approval.\*\*\***

|  |  |
| --- | --- |
| **Benefit** | **Amount** |
| Pension |  |
| Medical |  |
| Dental |  |
| Other (Identify) |  |

Benefit funds are deposited into accounts maintained by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_ Acct. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a sole proprietorship or partnership business? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Caucasian Owned – WBE \_\_\_\_\_\_\_ MBE \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Owner/Principal Officer Name (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature Date