eCPR Online Confirmation

Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at publicworks@dir.ca.gov.

There is an existing payroll transaction for this contractor on this project for this week ending date.

Transaction ID for that transaction is: 11635251

This certified payroll will be treated as an amendment #: 1

Contractor Name: H B C ENTERPRISES

Contractor Address: 2743 E. SHAW AVE. FRESNO CA 93710 Awarding Body: CITY OF STOCKTON PUBLIC WORKS

Project ID: 369928

Contract With: CITY OF STOCKTON PUBLIC WORKS

Week Ending Date: 2021-07-17

Payroll Number: 1 Amendment Number: 1

3 employee payroll record(s) processed

Your Transaction ID is: 11638058

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Submit another set of payroll records

Contractor Name: H B C ENTERPRISES	Pr	oject N		ILSON \		IDGE IN	STALLA	TION OF S	LOPE		Week Er	nding: 07/	17/2021		Payroll N	Number: 1-1
Employee: FERNANDO MORA 313 FRITZ STR	EET, MADERA,	CA, 936	38								7					
SSN:	Sun 07/11	Mon 07/12	Tue 07/13	Wed 07/14	Thu 07/15	Fri 07/16	Sat 07/17	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S CONSTRUCTION SPECIALIST AREA 2	0.00	6.00	0.00	0.00	0.00	0.00	0.00	6.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74
S OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
O OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	0.00	00.8	8.00	92.93	0.00	0,00	0.00	0.00	0.00	0.00	92.93
NOTE:					*						Travel & S	ubsistence	20.00	Total D	eductions	270.34



Contractor Name: HBC ENTERPRISES	Pr	oject N		ILSON V ROTECT		IDGE IN	STALLA	TION OF S	LOPE		Week Er	iding: 07/	17/2021		Payrol	Number: 1-1
Employee: JOSHUA BOWMAN 35470 AVENUE	14, MADERA,	CA, 936	36											/		
SSN:	Sun 07/11	Mon 07/ 1 2	Tue 07/13	Wed 07/14	Thu 07/15	F71 07/16	5at 07/17	⊺otal Hours	Base Hourly	Tota) Fringe	Vad/ Hollday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72.41	9,00	0.00	0,00	0,00	0.00	0.50	7241
O OPERATOR GROUP 6-A	0.00	0.00	0.00	0.00	0.00	0.00	8,50	J. 50 ()	92.93	0,00	0.00	0,00	C,00	0.00	0.00	P2 93
HOTE:											Travel & S	ubsistence	0.00	Total D	eductions	0.00

Certified Payroli Report DIR Project # 369928
Payroll Number: 1
For Week Ending 7/17/2021 Contractor HBC Enterprises 1940 Shaw Ave. Sie. 105-08 Cloyle, CA 93611 Wilson Way Bridge Installation of Slope Projection Project No. 1912 419000652 Project Contract: | Hours Worked by Day | Worked Day | Sun Mon Tule | Wed | The Fri | Sart | Timesheet | Hours |
 Total
 Social
 Media
 Federal
 State

 Gross Pay
 Security
 care
 Tax
 Tax

 647.46
 40.14
 9.39
 44.91
 8.60

 Other
 Deduct Deduct Net Pay

 7,77
 110,71
 538,75
 Employee Name SSN

Dibar Betanoourt
16882 Austin Street
Madera, CA 93638

Fernando Mora
313 FRtz Street
Madera, CA 93838
Josh Bowman
36470 Avenue 14
Madera, CA 93639

OWNER WITHDRAWS, NO DEDUCTIONS Travel \$34.50 1,101.88 Direct Dep 1659.80 102,91 24.07 93.91 29,53 19,92, 270.34 1389.46 789.91 Direct Dep

STATE OF CALIFORNIA STATEMENT OF COMPLIANCE

Dat	e: Jul	y 211,, 201211		
R	oto iHlann	iiss	JV Partmer	do hereby state:
	(Name	of signatory party)	(Title)	
(1)	That I p	ay or supervise the payme	ent of the persons repo	rted on the Certified Payroli Report by
	HIBC	Entenprises or	n the WhsoWavBays	সিবিটুe ্, that during the payroll period
		tor or subcontractor)	(Project)	
		ncing on the 11th day	y of Yellilly	and ending the 117th day
	of <u>July</u>		· ·	said project have been paid the full weekly
				either directly or indirectly to, or on
	behalf c	of, said HBC Entempris		ull weekly sums earned by any person
		•	•	
				r indirectly from the full sums earned by any person,
	other th	an permissible deductions	, as described below:	•
		_		
			· ·	
(2)	That an	y payrolls or listings or ot	herwise under this cor	ntract required to be submitted for the above period
. ,	are corr	ect and complete; that the	wage rates for labore	ers or mechanics contained therein are not less than
				ermination incorporated into the contract; that the anic conform with the work he performed.
(3)				are duly registered in a bona fide apprenticeship
(0)		n registered with a State a		are duly registered in a bona lide apprenticeship
(4)	That:			
(- /		WHERE FRINGE BENE	FITS ARE PAID TO AF	PPROVED PLANS, FUNDS, OR PROGRAMS
				es paid to each laborer or mechanic listed in
				payments of fringe benefits as listed in the appropriate programs for the benefit of such
			t as noted in Section	
	(b)	WHERE FRINGE BENE	FITS ARE PAID IN CA	SH
	, ,			ove referenced payroll or listings has been
		paid as indicated on	the payroll or listings	an amount not less than the sum of the
			urly wage rate plus the , except as noted in Se	amount of the required fringe benefits as ection 4(c) below:
			,	(4) 200311
	(c)	EXCEPTIONS		·
		EXCEPTION	(CRAFT)	EXPLANATION
		AlliGr	被性s	Traiminios Fundi Rei Pato to the Appropriate
		-		
		Remarks:		
		NAME AND TITLE		SIGNATURE 0 0 1 1 1
	•	ROD Harris/JV Par	tner	/////h
			·	

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).

Print



eCPR Online Confirmation

Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at publicworks@dir.ca.gov.

Contractor Name: H B C ENTERPRISES

Contractor Address: 2743 E. SHAW AVE. FRESNO CA 93710 Awarding Body: CITY OF STOCKTON PUBLIC WORKS

Project ID: 369928

Contract With: CITY OF STOCKTON PUBLIC WORKS

Week Ending Date: 2021-07-24

Payroll Number: 2 Amendment Number: 0

4 employee payroll record(s) processed

Your Transaction ID is: 11669976

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Submit another set of payroll records

Certification under penalty of perjury:

19, ROB HARRIS, the undersigned, am the JV PARTNER (position in business) with the authority to act for and on behalf of HBC ENTERPRISES (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 2021-07-24 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual dispursements by way of cash, check, or whatever form to the individual or individuals named, it certify this on 2021-07-25.

Contractor Name: H B C ENTERPRISES		Contrac	ctor PW	CR: 100	30623 61		Lice	ense Type;	CSLB	Lice	nse Numb	er 104452	4			
Address: 2743 E. SHAWAVE., FRESNO, CA 93710		FEIN: 3	7191289	4			Cor	itractor Em	ail: ROBA	гнвс@с	SMAIL.COM	1				
Insurance Number: 50513968																
Awarding Body: CITY OF STOCKTON PUBLIC WORK	3	DIR Pro	ject ID:	369928			Pro	ject Name:	WLSON \	NAY BRI	DGE INSTA	LLATION	OF SLOPE	PROTE	CTION	···
Contract With: CITY OF STOCKTON PUBLIC WORKS		County	: SAN J	NIUDŅO			Loc	ation Desc	ription;							
Payroll #: 2 - 0 Ctr Payroll #:	• •	w	eek End	ting: 07	/24/2021	1			Stater	ment of	Non-Perfor	mance?	Fir	nal payro	ll for this	project?
Employee: EIBAR BETANCOURT 16680 AUSTIN STR	EET, MA	DERA, C	CA, 9383	8												
SSN:	Sun 07/18	Mon 07/19	Tue 07/20	Wed 07/21	Thu 07/22	Frf 07/23	8at 07/24	Total Hours	Base Hourly	Total Fringe	∀ac/ Hollday	Health & Welf,	Pension	Other	Trainlog	Total Hourly Rate
S CONSTRUCTION SPECIALIST AREA 2	0.00	0.00	8.00	8.00	8.00	0.00	0,00	24.00	59.74	0,00	0,00	0.00	0.00	0.00	0.00	59.74
D CONSTRUCTION SPECIALIST AREA 2	8,00	0,00	0.00	0,00	0.00	0.00	0.00	8,00 1	93.49	0.00	0.00	0.00	0.00	0.00	0.00	8149
NOTE:											Travel & S	uhelelanea	138.00	Teta: D	eductions	751.39

Contractor Name: H B C ENTERPRISES	Pr	oject N		ILSON V		DGE IN	STALLA	TION OF S	LOPE		Week Er	iding: 07/	24/2021	Payrol	Number: 2-0
Employee: EDUARDO BETANCOURT 325 WIL:	SON STREET, N	ADERA	, CA, 93	3638											
SSN:	Sun 07/18	Mon 07/15	Tue 07/20	Wed 07/21	Thu 07/22	Frl 07/23	Sal 07/24	Total Hours	Base Hourly	Total Fringe	Vec/ Holiday	Health & Welf.	Pension	Other Training	Total Hourly Rate
S CONSTRUCTION SPECIALIST AREA?	0,00	0.00	8,00	8,00	6,00	0.00	0.00	24,00	59.74	0.00	0.00	0.00	0,00	0.00 . 0.00	6 9 74 3 1
NOTE:											Travel & S	ubsistegce	103.50	Total Deductions	384 .34

Contractor Name: H B C ENTERPRISES	Pr	roject N		ILSON (ROTECT		DGE IN	STALLA	TION OF S	LOPE		Week Er	iding: 07/	24/2021		Payroll N	Number: 2-0
Employee: FERNANDO MORA 313 FRITZ STREE	T, MADERA,	CA, 936	38													
SSN:	Sun 07/18	Mon 07/19	Tue 07/20	Wed 07/21	Thu 07/22	Fri 07/23	Sat 07/24	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
O OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	92.93	0.00	0.00	0.00	0.00	0.00	0.00	92.93
D OPERATOR GROUP 8-A	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	113,44	0.00	0.00	0.00	0.00	0.00	0.00	113.44
NOTE:											Travel & S	ubsistence	40.00	Total D	eductions	278.89



Contractor Name: H B C ENTERPRISES	Pr	oject N		ILSON V		DGE IN	STALLA	TION OF S	LOPE		Week En	ding; 07/	24/2021		•	Number: 2-0
Employee: JOSHUA BOWMAN 35470 AVENUE	14, MADERA,	CA, 936	36													
SSN:	Sun 07/18	Mon 07/19	Tue 07/20	Wed 07/21	Thu 07/22	Fri 07/23	Sat 07/24	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S OPERATOR GROUP 8-A	0,00	8,00	8,00	8,00	8,00	0,00	0.60	32.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	*-72-(1
O OPERATOR GROUP S-A	0.00	0,50	0,50	0.50	1,00	0.00	8.50	11.00	92.93	0.00	0.00	0.00	0.00	0.00	0.00	92.90
D OPERATOR GROUP 8-A	8.50	0.00	0.00	0.00	0.00	0.00	0.00	8.50	113,44	0,00	0.00	0,00	0,00	0.00	0.00	11374
NOTE:											Travel & S	ubsistence	0.00	Total D	eductions	0.00

STATE OF CALIFORNIA STATEMENT OF COMPLIANCE

Dat	ie: <u>Julii</u>	y 200, 2012 II			
R	oto IHlann	iiss	JV Partmer	do hereby st	ate:
	(Name	of signatory party)	(Title)		
(1)	That I p	ay or supervise the payme	ent of the persons repo	rted on the Certified Payroll I	Report by
	HIBIC	Eintenpriises or	the WinsoWavBridge	Bীশিলুe ্ that during the pa	wroll period
		or or subcontractor)	(Project)	riat during the pa	yroli period
	comme	ncing on the 18th day	y of برالنالي	and ending the 24th	day
	of <u>July</u>		Il persons working on	said project have been paid t	he full weekly
				e either directly or indirectly to	o, or on
	behalf o	f, said HBC Entempris		full weekly sums earned by a	ny person
		(Contractor or subc	ontractor)		
	and tha	t no deductions have been	made either directly o	or indirectly from the full sums	s earned by any person,
	other th	an permissible deductions	, as described below:		
(5)					
(2)				ntract required to be submitters or mechanics contained t	
	the app	licable wage rates conta	ined in any wage de	termination incorporated into	the contract; that the
	classific	ations set forth therein for	each laborer or mech	anic conform with the work he	e performed.
(3)		y apprentices employed registered with a State a		are duly registered in a bo	ona fide apprenticeship
(4)	That:	,			
, ,		WHERE FRINGE BENEI	FITS ARE PAID TO A	PPROVED PLANS, FUNDS,	OR PROGRAMS
				tes paid to each laborer o	
				s payments of fringe bene appropriate programs for	
			t as noted in Section		the benefit of Such
	(h)	WHERE FRINGE BENEI			
	(2)				
				ove referenced payroll or listi an amount not less than the	
		applicable basic hou	irly wage rate plus the	amount of the required fringe	
		nsted in the contract	, except as noted in So	ection 4(c) below.	
	(c)	EXCEPTIONS			
		EXCEPTION	l (CRAFT)	EXPLAN	ATION
		AHIG	e#fis	TraiminiusFundo BeiPait	e to the Appropriate
		Remarks:			
		NAME AND TITLE		SIGNATURE / 1 4 /	
	•	ROD Harris/JV Par	tner		
		- 100 Harris/OV Fall			~

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).



eCPR Online Confirmation

Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at publicworks@dir.ca.gov.

Contractor Name: H B C ENTERPRISES

Contractor Address: 2743 E. SHAW AVE. FRESNO CA 93710 Awarding Body: CITY OF STOCKTON PUBLIC WORKS

Project ID: 369928

Contract With: CITY OF STOCKTON PUBLIC WORKS

Week Ending Date: 2021-07-31

Payroll Number: 3 Amendment Number: 0

4 employee payroll record(s) processed

Your Transaction ID is: 11722723

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Certification under penalty of perjury:

"I, ROB HARRIS, the undersigned, am the JV PARTNER (position in business) with the authority to act for and on behalf of HBC ENTEPRISES (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 2021-07-31 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named, I certify this on 2021-08-02."

	Contrac	tor PW	CR: 100	0062361		Lice	nse Type:	CSLB	Lice	nse Numb	er 1044524	4			
	FEIN: 3	7191289	4			Con	tractor Em	nail: ROBAT	ніводо	SMAIL.COM	1				
													-		
	DIR Pro	ject ID:	369928	r		Proj	ect Name:	: WILSON V	VAY BRI	DGE INSTA	ALLATION	OF SLOPE	E PROTE	CTION	
	County	SAN JO	DAQUIN			Loc	ation Desc	ription:							
	W	eek End	ting: 07	/31/2021				Staten	nent of i	Non-Perfor	rmance?	F₩	nal payro	ll for this	project?
ET, MA	DERA, C	CA, 9363	8												
Sun 07/25	Mon 07/26	Tue 07/27	Wed 07/28	Thu 07/29	F#1 67/90	Sat 07/31	Total Hours	Base Hourly	Total Eringe	Vao/ Hotiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
9.00	8.00	8.00	8.00	0.00	8.00	0.00	32.00	69.74	0,00	0.00	0.00	0.00	0.00	0.00	59 74
										Travel & S	ubsistence	138.00	Tetal D	eductions	434.67
	SET, MA Sun 07/26	DIR Pro County: W EET, MADERA, C Sun Mon 07/26 07/26	DIR Project ID: County: SAN Jo Week End EET, MADERA, CA, 9863 Sun Mon Tue 07/25 07/26 07/27	DIR Project ID: 369928 County: SAN JOAQUIN Week Ending: 07 EET, MADERA, CA, 93638 Sun Mon Tue Wed 07/26 07/26 07/26 07/26	DIR Project ID: 369928 County: SAN JCAQUIN Week Ending: 07/31/2021 EET, MADERA, CA, 93638 Sun Mon Tue Wed Thu 07/25 07/26 07/27 07/28 07/29	### PEIN: 371912894 DIR Project ID: 369928 County: SAN JOAQUIN Week Ending: 07/31/2021 EET, MADERA, CA, 93638 Sun Mon Tue Wed Thu Fril 07/25 07/26 07/26 07/29 07/90	### Project ID: 369928 / Proje	### Project ID: 369928 / Project Name: County: SAN JOAQUIN Location Description: County: SAN JOAQUIN Week Ending: 07/31/2021 EET, MADERA, CA, 93638 Sun Mon Tue Wed Thu Fil Sat Total 07/25 07/26 07/27 07/28 07/29 07/39 07/31 Hours	### Contractor Email: ROBAT DiR Project ID: 369928	### Contractor Email: ROBATHBO@C DiR Project ID: 369928	### Contractor Email: ROBATHBC@GMAIL.COM ### DIR Project ID: 369928	Project ID: 369928 Project Name: WILSON WAY BRIDGE INSTALLATION County: SAN JOAQUIN Location Description: Week Ending: 07/31/2021 Statement of Non-Performance? EET. MADERA, CA, 93638 Sun Mon Tue Wed Thu Fil Sat Total Base Holirly Total Vac/ Heath C07/25 07/26 07/27 07/28 07/29 07/30 07/31 Hours Base Holirly Fringe Holiday & Welf.	### Contractor Email: ROBATHBC@GMAIL.COM #### DIR Project ID: 369928	### Contractor Email: ROBATHBO@GMAIL.COM #### DIR Project ID: 369928	### Contractor Email: ROBATHBC@GMAIL.COM #### DIR Project ID: 369928

Contractor Name: H B C ENTERPRISES		Pr	oject N		ILSON V ROTECT		DGE IN	STALLA	TION OF S	LOPE		Week En	nding: 07/	31/2021		Payroli I	Number: 3-0
Employee: EDURARDO BETANCOURT :	325 WLSON	STREET,	MADER	RA, CA,	93638					-							
ssn:		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Dee a Hauski	Total	VacJ	Health	Pension	O4-11	Training	Total
		07/25	07/26	07/27	07/28	07/29	07/30	07/31	Hours	Base Hourly	Fringe	Holiday	& Welf.	r casion	Other	; rauning	Hourly Rate
\$ CONSTRUCTION SPECIALIST AREA 2		0.00	8.00	8.00	6.00	0.00	8.00	0.00	32.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	99.74
NOTE:												Travai 2 S	ubsisience	580.86	Ystaf b	eduotions	580.86

Contractor Name: H B C ENTERPRISES	Pr	oject N		ILSON V		IDGE IN	STALLA	TION OF S	LOPE		Week En	iding: 07/	31/2021		Payroli (Number: 3-0
Employee: FERNANDO MORA 313 FRITZ STRI	EET, MADERA,	CA, 936	38													
SSN:	Sun 07/25	Mon 07/26	Tue 07/27	Wed 07/28	Thu 07/28	F#I 07/30	Sat 07/31	Total Hours	Base Hourly	Total Fringe	Vac/ Hollday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S CONSTRUCTION SPECIALIST AREA 2	0.00	0.00	0.00	0.00	0.00	2.00	0.00	2.00	59.74	0.00	0.00	C.00	0.00	0.00	0.00	50.74
S OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	6.00	0.00	8.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	(24i)
D OPERATOR GROUP 8-A	8.00	0.00	0.00	0.00	0,00	0.00	0,00	8.00	113,44	0,00	0.00	0.00	0,00	0.00	0.00	1034
NOTE:								•			Travel & S	ubsistence	54.50	Total C	eductions	294.64

Contractor Name: H B C ENTERPRISES	. Pr	oject N		ILSON V		IDGE IN	STALLA	ITION OF S	LOPE		Week En	ding: 07/	31/2021		Payroll I	Number: 3-0
Employee: JOSHUA BOWMAN 35470 AVENUE 1	4, MADERA,	CA, 936	136													
SSN:	Sun 07/25	M on 07/26	Tue 07/27	Wed 07/28	Thu 07/28	Fri 07/30	Sat 97/31	Total Hours	Base Houzly	Total Fring e	Vao/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S OPERATOR GROUP 8-A	0.00	8.00	8.00	8.00	0.00	3,50	0,00	27.50	72.41	0.00	0.00	0.00	0.00	0,00	0.00	72.41
O OPERATOR GROUP 8-A	0.00	1.00	0.50	1.00	0.00	0.00	0.00	250	92.93	0.00	0.00	0,00	0.00	0.00	0.00	92.93
D OPERATOR GROUP 8-A	8.50	0.00	0.00	0.00	0.00	0.00	0.00	8.50	113.44	0,00	p.oć	DQ,Q	0.00	0.00	0.00	113.447
NOTE:											Travel & S	ubsistence	0.00	Total D	eductions	0.00

Certified Payroll Report

Contractor HBC Enterprises 1840 Shaw Ave, Ste. 105-08 Ckvris, CA 93911 Project Wilson Way Bridge installation of Slope Protection Project No. 1912

Contract: 419000682

DIR Project # 369928 Payroll Number: 3 For Week Ending 7/31/2021

| Hours Worked by Day | Hours | Hour
 Total Gross Pay
 Social Security
 Media Federal Care
 State Tax
 State Tax

 2,049.88
 118.82
 27.72
 189.26
 82.13
 Employee Name SSN
Elber Befancourt
16680 Austh Street
Modera, CA Sessie
Eduards Befancourt
325 Wilson Street
Madera, CA 93938
Fortando Mora
313 Fritz Street
Medera, OA 90509
Josh Bowman
3470 Avenue 14
Modera, OA 93938
OWNER WETHIDRAWL NO DEBUCT
 Other
 Deduct
 Net Pay

 22.94
 434,57
 1,515,11
 Travel \$138.00 1,911.68 Direct Dep 2,049.68 126.77 Travel \$138.00 Direct Dep 1,639.08 Ornat, Spec.A2 RT
Opr Grp.8-A OT
Opr Grp.8-A DT 8,00
Opr Grp.8-A RT
Opr Grp.8-A OT
Opr Grp.8-A DT 8,50 2.00 6.00 101.62 23.77 91.42 28.16 19,67 264,64 1,374,44 Travel \$54,60 Direct Dep 8,00 8,00 8,00 1,00 4,64 1,00 3,50

,

STATE OF CALIFORNIA STATEMENT OF COMPLIANCE

Dat	е: _А	guet 2, 2021	·	
Ro	atb Hlaamri	is :	JV Partmer	do hereby state:
	(Name	of signatory party)	(Title)	•
(1)	-			ted on the Certified Payroll Report by
	HIBC	Entemprises on the	_e ₩ħ\$ ŏ₩ ₽₩₽ ₫₽¶	গীণিটুe ং that during the payroll period
	(Contract	or or subcontractor)	(Project)	
	commer			and ending the 331th day
	<u>-</u>			aid project have been paid the full weekly
				either directly or indirectly to, or on
	Deliali O	(Contractor or subcontr	ractor)	ull weekly sums earned by any person
	and that	t no deductions have been m	ade either directly o	r indirectly from the full sums earned by any person,
		an permissible deductions, as	•	· · · · · · · · · · · · · · · · · · ·
		· .		
	-			
(0)	Tl4			
(2)	are corr	ect and complete; that the w	age rates for labore	stract required to be submitted for the above period rs or mechanics contained therein are not less than
				ermination incorporated into the contract; that the inic conform with the work he performed.
(3)				·
(3)	program	n registered with a State appr	enticeship agency.	are duly registered in a bona fide apprenticeship
(4)	That:			
• •		WHERE FRINGE BENEFIT	S ARE PAID TO AF	PROVED PLANS, FUNDS, OR PROGRAMS
		☐ In addition to the bas	ic hourly wage rat	es paid to each laborer or mechanic listed in
				payments of fringe benefits as listed in the appropriate programs for the benefit of such
		employees, except a		
	(b)	WHERE FRINGE BENEFIT	S ARE PAID IN CA	SH
				ve referenced payroll or listings has been
				an amount not less than the sum of the amount of the required fringe benefits as
,		listed in the contract, ex		
	(c)	EXCEPTIONS		
	, ,		NDAET)	EVDI ANATION
		EXCEPTION (C		EXPLANATION The state of the s
		AAIIIQreif	(S	Training Funds Is Pald to the Apposoriate
		Remarks:	·	
		NAME AND TITLE Rob Harris/JV Partor	er	SIGNATURE
		Rob Harris/JV Partne	er –	<i>-\frac{1}{2}Mh</i>

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).





eCPR Online Confirmation

Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at publicworks@dir.ca.gov.

Contractor Name: H B C ENTERPRISES

Contractor Address: 2743 E. SHAW AVE. FRESNO CA 93710 Awarding Body: CITY OF STOCKTON PUBLIC WORKS

Project ID: 369928

Contract With: CITY OF STOCKTON PUBLIC WORKS

Week Ending Date: 2021-08-07

Payroll Number: 4
Amendment Number: 0

7 employee payroll record(s) processed

Your Transaction ID is: 11911220

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PDF _____Adobe

View your submission

Submit another set of payroll records



Certification under penalty of perjury:

"I, ROB HARRIS, the undersigned, am the JV PARTNER (position in business) with the authority to act for and on behalf of HBC ENTERPRISES (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 2021-08-07 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individuals named. I certify this on 2021-08-25."

payroli record(s) of the actual disbursaments by way	or casii,	CHECK, C	or whate	ver romm	to the in	uividuai	or indivi	duals haine	ed. I certify	triis on 20	121-00-25.					9
Contractor Name: H B C ENTERPRISES		Contrac	ctor PW	CR: 100	0062361		Lice	ense Type	: CSLB	Lice	nse Numb	er 104452	4			
Address: 2743 E. SHAW AVE., FRESNO, CA 93710		FEIN: 3	7191289	4			Cor	tractor En	nail: ROBA	THBC@	GMAIL.COM	И				
Insurance Number: 60513968																
Awarding Body: CITY OF STOCKTON PUBLIC WORKS	3	DIR Pro	ject ID:	369928			Pro	ject Name	: WILSON	WAY BR	DGE INST	ALLATION	OF SLOPE	E PROTE	CTION	
Contract With: CITY OF STOCKTON PUBLIC WORKS		County	: SAN JO	OAQUIN			Loc	ation Desc	cription:							
Payroll #: 4 - 0 Ctr Payroll #:		W	eek End	ding: 08	/07/2021				State	ment of	Non-Perfo	rmance?	Fi	nal payro	II for this	project?
Employee: EIBAR BETANCOURT 16680 AUSTIN STR	EET, MA	DERA, (CA, 9363	8		15										
SSN:	Sun 08/01	Mon 08/02	Tue 08/03	Wed 08/04	Thu 08/05	Fri 08/06	Sat 08/07	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf	Pension	Other	Training	Total Hourly Rate
S CONSTRUCTION SPECIALIST AREA 2	0.00	8.00	8.00	8.00	0.00	0.00	0.00	24.00	59.74	V 0,00	D 00	0.00	0.00	0.00	0.00	59.74
NOTE:											Travel & S	Subsistence	103.50	Total D	eductions	243.16
										-						

Contractor Name: H B C ENTERPRISES	Pr	roject N		ILSON V		DGE IN		TION OF S	LOPE .		Week En	ding: 08/	07/2021		Payroll I	Number: 4-0
Employee: JASON NELSON 2926 PIERCE DRIV	/E, CLOVIS, C/	4, 93612								<u>-</u>						
SSN:	Sun 08/01	Mon 08/02	Datos	Wed 08/04	Thu #8/05	Fri 08/06	Sat 08/07	Total Hours	Base Hourly	Total Fr inge	Vac/ Holiday	Health & Welf,	Pension	Other	Training	Total Houdy Rate
S CONSTRUCTION SPECIALIST AREA 2	0,00	8,00	8.00	3.00	8.00	4.00	0.00	31.00	59.74	0.00	0.90	0.00	0.00	0.00	0.00	5974 9
S OPERATOR GROUP A-S	0.00	0,00	0.00	5.00	0.00	0.00	0.00	K 00	72,41	0,00	0,00	0.00	0.00	0.00	0.00	7241
O CEMENT MASON	0.00	0.00	0.00	0,00	2,50	0.00	0.00	2.50	88.21	0.00	0.00	0.00	0.00	0.00	0.00	88.21
O CONSTRUCTION SPECIALIST AREA 2	0.00	0,00	0.00	0.00	0.50	0.00	0.00	.0.50	76,62	0.00	0.00	0,00	0.00	0.00	0.00	76 62
NOTE;											Travel & S	ubsistence	0.00	Total D	eduations	577.86

Contractor Name: H B C ENTERPRISES	Pr	oject Na		ILSON V ROTECT		DGE IN	STALLA	TION OF S	LOPE		Week Er	ıding; 08/	07 <i>1</i> 2021		Payroll I	Number: 4-0
Employee: EDUARDO BETANCOURT 325 WILS	SON STREET, N	ADERA	, CA, 93	8638				,		_						
SSN	Sun 08/01	Mon 08/02	Tue 06/03	Wed 08/04	Thu 08/05	Frt 08/06	Sat 08/07	Total Hours	Base Hourly	Total Fringe	Vac) Holiday	Health & Welf.	Pension	Other	Treining	Total Hourly Rate
S CONSTRUCTION SPECIALIST AREA 2	0,00	00,8	600,8	8,00	8,00	8.00	0.00	40.00	59.74	0.00	0,00	0,00	0.00	0.00	0,00	59.74
O CONSTRUCTION SPECIALIST AREA 2	0.00	0.00	0.00	0.00	4.00	0.00	0.00	4 00	76,62	00.0	0,00	0.00	0.00	0,00	0.00	76.62
NOTE:											Travel & S	ubstatence	172.50	Total C	anoltoubel	918.77

Contractor Name: H B C ENTERPRISES	Pr	oject N		ILSON \		DGE IN	STALLA	TION OF S	LOPE		Week En	ding: 08/	07/2021		Payroli I	Number: 4-0
Employee: FERNANDO MORA 313 FRITZ STRE	ET, MADERA,	CA, 938	38													
SSN:	Sun 08/01	Mon 08/02	Tue 08/03	Wed 08/04	Thu 08/05	Frl 08/06	Set 08/07	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S CEMENT MASON	0.00	0.00	6,00	0.00	8,00	0.00	0.00	(4000)	67.71	0.00	0,90	0,00	0.00	0.00	0,00	67.71
S CONSTRUCTION SPECIALIST AREA 2	0.00	3.00	0.00	0.00	0.00	6.00	0.00	9.00	59.74	0,00	0,00	0,00	0.00	0.00	00,0	59.74
S OPERATOR GROUP 8-A	0.00	5.00	2.00	0.00	0.00	2.00	0,00	9.00	72.41	0,00	0.00	0.00	0.00	0.00	0.00	7241
O CEMENT MASON	0.00	0.00	0.00	0.00	2.60	0.00	0.00	2.50	88.21	0.00	0.00	0,00	D,DÇ	0.00	0,00	60.21
O CONSTRUCTION SPECIALIST AREA 2	0,00	0.00	0,00	0.00	1.60	0.00	0.00	[_150_]	76.62	0.00	0.00	0.00	0.00	0.00	00,0	76.62
NCTE:											Travel & S	ubsistence	138.00	Total D	eductions	\$15.37

Contractor Name: H B C ENTERPRISES	Pr	oject N		ILSON V ROTECT		DGE IN	STALLA	TION OF S	LOPE		Week En	-			Payroll	Number: 4-0
Employee: FRANCISCO JIMENEZ 1527 PUL	LMAN WAY APT. A	, DAK	AND, C	A, 9460	7											
SSN:	SUN 08/01	Mon 08/02	Tue 08/03	Wed 08/04	Thu 08/05	Fti 08/06	Set 08/07	Total Hours	Base Hourfy	Total Fringe	Vaci Holiday	Health & Welf.	Pension	Other	Training	Tota: Hously Rate
S CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	67.71	0,00	0.00	0,00	0,00	0.00	0,00	67.71
O CEMENT WASON	0,00	0.00	0,00	0.00	1.00	0.00	0.10	100	88.21	0.00	0.00	0.00	0.00	0.00	0.00	39.21
IOTE:											Travel & S	ubsistence	0.00	Total D	eductions	55.74

Contractor Name: HBC ENTERPRISES	Pi	oject N		ILSON V		DGE IN	STALLA	TION OF S	LOPE		Week Er	iding: 08/	07/2021		Payroll	Number: 4-0
Employee: JUAN F. GAMEZ 1527 PULLMAN W	AY APT, B, OA	KLAND,	CA, 946	07	-											-,
SSN:	Տվը 08/ 01	Man 06/02	Tue 08/03	Wed 08/04	Thu 08/ 0 5	Frl 08/08	Sat 08/07	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Dther	Fraining	Total Hourly Rate
S CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	67.71	0.00	0.00	0.00	0,00	0.00	0.00	67.71
O CEMENT MASON	0.00	0.00	0.00	0.00	1.00	0.00	0.00	100	88,21	0.00	0.00	0.00	0.00	0.00	0.00	88.21
NOTE:											Travel & S	Ubsistence	0.00	Total D	eductions	55.74

Contractor Name: H B C ENTERPRISES	Pr	oject N		ILSON V ROTECT		DGE (N	STALLA	TION OF S	LOPE		Week Er	iding; 08/	07/2021		Payroll	Number: 4-0
Employee: DYLAN RIVERO 836 15TH STREET	, OAKLAND, CA	94607													······································	
SSN:	Sun. 08/01	M on 08/02	Ти о 08/09	Wed 08/04	Thu 08/05	Fri 08/06	Sat 08/07	Total Hours	Base Hourty	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	⊺otal Hourly Rate
S CEMENT MASON	0.00	0.00	0.00	0.00	6.00	0.00	0.00	8.00	67.71	0.00	0.00	0.00	0.00	0.00	0,00	6177
O CEMENT MASON	0.00	0.00	0.00	0.00	1.00	0.00	0.00	100	88.21	0.00	0,00	0.00	0.00	0.00	0,00	88.21
NOTE:											Travel & 6	ubsistence	0.00	Total D	eductions	62.19

Certified Payroli Report

Wilson Way Bridge Installation of Slope Protection Project No. 1912 419000682 Contractor HBC Enterprises 1840 Shaw Ave., Sta. 106-08 Clevis, CA 93611 DiR Project # 369928 Payroll Number: 4 For Week Ending 8/7/2021 Project Contract | Hours Worked by Clay | Work | Pay | Sun | Mon | Tue | Wed | Thu | Fit | Sut | Timesheet | Paid | Pay | Job | Gross Pay | Check | Classification | Type | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Hours | Hours | Hours | Rate | Gross Pay | Check | Classification | Type | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Hours | Hours | Rate | Gross Pay | Check | Check | Type | T
 Total
 Social
 Media
 Federal
 State

 Gross Pay
 Security
 care
 Tax
 Tax

 p
 1,537.26
 88.89
 20.79
 78,12
 38,15
 Employee Name Elber Betancouri 16980 Austin Street Modera, CA 93638 Jason Nelson 2926 Pierce Drive Clovis, CA 93612 Const. Spec. A2 DT Const. Spec. A2 RT 0,00 31,00 0.00 93.49 31.00 59.74 0.00 70.62 0.00 57.76 0.00 88.21 5.00 94.48 40.00 59.74 4.00 59.74 4.00 59.74 1.00 0.00 9.00 59.74 1.00 70.62 9.00 72.41 1.00 88.21 1.00 88.21 1.00 88.21 1.00 88.21 1.00 88.21 1.00 88.21 1.00 9.00 8.00 57.74 0,00 1,851,94 8.00 8.00 3.00 8.00 4.00 29.67 577.86 1.894.97 0.50 0.00 2.50 5.00 Gorst, Spec.A2 OT CM Area 2 RT DM Area 2 OT Opr Grp. 8-A RT 38.31 0.00 220.53 362.05 0,50 2,50 5,00 Opr Grp. B-A OT Const. Spec.A2 RT Const. Spec.A2 OT Travel 2,696.08 Direct Dep 2,868.58 2 389 60 Eduardo Betancourt 325 Wilson Street Madera, CA 93638 Fernando Mora 8.00 8.00 8.00 8.00 8.00 4.00 167,15 39,09 474,16 206,02 Travel \$172.50 2,472,75 Direct Dep 2,810.75 Const. Spec.A2 RT 3.00 515.37 2.095.38 9.00 1.60 9.00 14.00 2.50 8.00 1.00 0.00 8.00 1.00 0.00 8.00 1.00 0.00 153,31 35,85 201,52 95,02 29.67 Const. Spec. A2 OT Const. Spec. A2 OT Opr Gyp. 8-A RT Opr Gyp. 8-A OT Dement Mason RT Dement Mason RT Dement Mason RT 313 Fritz Street 1.60 Madera, CA 93638 5.00 2,00 2.00 6.00 8.00 2.50 8.00 Francisco Jimenez 39.05 9.13 Francisco Jimenez 1527 Pulman Way Api, A Oakland, CA 94607 Juan P. Gamez 1527 Pulman Way Api, B Oakland, CA 94607 Dylan Rivero Bae 16th Street Oakland, CA 94607 0.00 0.00 7.56 55.74 1.00 Cement Mason OT Bement Mason RT Cement Mason OT 8.00 1.00 629,89 Direct Dep 629.89 39.05 9.13 0.00 0.00 7.58 55.74 574.15 8.00 57.71 1,00 88.21 0.00 0.00 8,00 57.71 1.00 88.21 0.00 0.00 88,21 0.00 541,68 Dement Mason RT Dement Mason OT 8.00 1.00 629.89 D)rect Dep 629.89 39.05 9.13 8.45 0.00 7.56 62.19 867.70

STATE OF CALIFORNIA STATEMENT OF COMPLIANCE

Dat	e; 8/2	5/2021	_	
R	oto Htann	<u> </u>	JV Partmer	do hereby state:
	(Name	of signatory party)	(Title)	
(1)	That p	ay or supervise the payment o	of the persons repo	rted on the Certified Payroll Report by
				জীমিট্টe ্ that during the payroll period
		tor or subcontractor) noing on the 1st day of	(Project)	and and in the 78th day
	of Awg	4		and ending the <u>//tml</u> day said project have been paid the full weekly
				either directly or indirectly to, or on
		of, said HIBC Eintenprises	from the f	ull weekly sums earned by any person
		(Contractor or subcontra	nctor)	
				r indirectly from the full sums earned by any person,
	other th	an permissible deductions, as	described below:	
		<u> </u>		
(2)				ntract required to be submitted for the above period
	the app	licable wage rates contained	in any wage det	ers or mechanics contained therein are not less than termination incorporated into the contract; that the
	classific	ations set forth therein for eac	ch laborer or mecha	anic conform with the work he performed.
(3)				are duly registered in a bona fide apprenticeship
		registered with a State appre	enticesnip agency.	
(4)	That: (a)	WHERE FRINGE BENEFITS	S ARE PAID TO AF	PPROVED PLANS, FUNDS, OR PROGRAMS
	, ,			tes paid to each laborer or mechanic listed in
		the above referenced	payroll or listings	payments of fringe benefits as listed in the
		employees, except as		appropriate programs for the benefit of such
	(b)	WHERE FRINGE BENEFITS		
	(-)			ove referenced payroll or listings has been
		paid as indicated on the	payroll or listings a	an amount not less than the sum of the
		listed in the contract, ex		amount of the required fringe benefits as ection 4(c) below:
	(c)	EXCEPTIONS		
	(0)			
		EXCEPTION (C	<u> </u>	EXPLANATION
		A#IIGraff	S	Traiminion Fundo is Pelos tonthe Appendinte
			-	
		Remarks:		·
		NAME AND TITLE		SIGNATURE
		Rob Harris/JV Partne	 	/////h

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).

Print

Clear Form

eCPR Online Confirmation

Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at publicworks@dir.ca.gov.

Contractor Name: H B C ENTERPRISES

Contractor Address; 2743 E, SHAW AVE, FRESNO CA 93710 Awarding Body; CITY OF STOCKTON PUBLIC WORKS

Project ID: 369928

Contract With: CITY OF STOCKTON PUBLIC WORKS

Week Ending Date: 2021-08-14

Payroll Number: 5 Amendment Number: 0

8 employee payroll record(s) processed

Your Transaction ID is: 11912887

Print this Page

PDF ______Adobe

View your submission

Submit another set of payroll records

Certification under penalty of perjury:

"I, ROB HARRIS, the undersigned, am the JV PARTNER (position in business) with the authority to act for and on behalf of HBC ENTERPRISES (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 2021-08-14 are the originals or true, full, and correct copies of the originals which depict the payroll records to the part of the part of disputements by way of cash, check or whatever form to the individual or productive and applications of the part of the part

Contractor Name: H B C ENTERPRISES		Contrac	tor PW	CR: 100	0062361		Lice	ense Type:	CSLB	Lice	nse Numb	er 104452	d Payro			
Address: 2743 E. SHAW AVE., FRESNO, CA 93710		FEIN: 3	7191289	4			Con	tractor Em	nail: ROBA	гнвс@с	MAIL.COM	1				
nsurance Number: 60513968																
Awarding Body: CITY OF STOCKTON PUBLIC WORK	5	DIR Pro	ject ID:	369928			Pro	ject Name:	WILSON	WAY BRI	DGE INST	ALLATION	OF SLOPE	PROTE	CTION	
Contract With: CITY OF STOCKTON PUBLIC WORKS		County:	SAN JO	DAQUIN			Loc	ation Desc	ription:							
Payroll #: 5 -0 Ctr Payroll #:		W	eek End	ding: 08	/14/2021				Stater	nent of I	Non-Perfo	rmance?	Fir	nal payro	II for this	project?
Employee: EIBAR BETANCOURT 16680 AUSTIN STR	EET, MA	DERA, C	CA, 9363	8												
SSN:	Sun 08/08	Mon 08/09	Tue 08/10	Wed 08/11	Thu 08/12	Fri 08/13	Sat 08/14	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S CEMENT MASON	0.00	0.00	0.00	0.00	7.00	0.00	0.00	7.00	67.71	0.00	0.00	0.00	0.00	0.00	0.00	87.71
S CONSTRUCTION SPECIALIST AREA 2	0.00	8.00	5.50	0.00	0.00	5.00	0.00	18.50	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74
NOTE:											Travel & S	ubsistence	103.50	Total D	eductions	299.88

Contractor Name: HBC ENTERPRISES	Pr	oject N		ILSON V ROTECT		DGE IN	STALLA	TION OF S	LOPE		Week En	ding: 08/	14/2021		Payroll	Number: 5-0
Employee: JASON P NELSON 2926 PIERCE D	RIVE, CLOVIS,	CA, 936	12						,						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	,
SSN:	Sun 08/08	Mon 08/09	Tue 08/10	Wed 08/11	Thu 08/12	FH 08/13	8st 08/14	Jotal Hours	Base Herriy	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S CEMENT MASON	0,00	0.00	0.00	0.00	8.00	0.00	0.00	8 00	67,71	0.00	0,00	0,00	0.00	0.00	0.00	57.71
S CONSTRUCTION SPECIALIST AREA 2	0,00	8,00	5,50	8.00	0.00	4.00	0.00	25 50	59,74	0,00	0,00	0.00	0.00	0,00	0,00	59.74
S OPERATOR GROUP A-8	0.00	0.00	0.00	0.00	0,00	1.00	0.00	[1.00]	72.41	0.00	0.00	0.00	0.00	0.00	0.00	37231
IOTE:											Travel & S	ubsistence	0,00	Total D	educiions	306.76

Public Works Cartified Payroll Reporting Form 08/25/2021 - Page 2

Contractor Name: H B C ENTERPRISES	Pi	oject Na		ILSON V				TION OF S	LOPE		Week En	ding: 08/	14/2021		Payroll	Number: 5-0
Employee: EDUARDO BETANCOURT 325 WILS	SON STREET, M	MADERA	, CA, 93	3638											-	
SSN	Sun 08/08	Mon 08/09	Tue 08/10	Wed 08/11	Thu 08/12	F:fl 08/13	Sa1 08/14	Total Hours	Base Hoorly	Total Fringe	Vac/ Hollday	Health 8 Welf.	Pension	Other	!taining	Total Hourly Rate
S CEMENT MASON	0,00	0.00	0.00	0.00	7.00	0.00	0.00	7.00	67.71	0.00	0.00	D, DC	0.00	03,0	0,00	57.71
S CONSTRUCTION SPECIALIST AREA 2	0,00	8.00	5.50	0.00	0.00	5.00	0.00	18 50	59.74	0.00	0.00	0.00	0.00	0,00	0.00	50,74
NOTE:											Travel & S	ubsistence	103,50	(Tota) D	eđuotlans	279.73

Contractor Name: H B C ENTERPRISES	Pr	Project Name: WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION									Week En	iding: 08/	Payroll Number: 5-0			
mployee: FERNANDO MORA 313 FRITZ STREET, MADERA, CA, 93638																
SSN:	Sun 08/08	Mon 68/09	Tue 08/10	Wed 08/11	Thu 08/12	Frt 08/13	Sat 08/14	Total Hours	Base Hourly	Total Fringe	Vaor Holklay	Heaith & Welf.	Pension	Other	Training	Total Hourly Rate
S CEMENT MASON	0.00	0.00	0.00	0.00	6.00	0.00	0.00	8.00.	67.71	0.00	0.00	0.00	0.00	50,0	0.00	67.71
S CONSTRUCTION SPECIALIST AREA 2	0,00	3,00	3.60	8.00	0.00	0.00	0.00	[S14 50]	59.74	0.00	0.00	0.00	0.00	0,00	0.00	50 74 .i.
S OPERATOR GROUP 8-A	0.00	5.00	2.00	. 0.00	0.00	0.00	0.00	7.00	72.41	0.00	0.00	0.00	0,06	0.00	0.00	7241
NOTE:											Travel & S	ubajstence	103.50	Total D	eductions	340.33

Contractor Name: H.B.C ENTERPRISES	Pr	Project Name: WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION									Week En		Payroll Number: 5-0			
Employee: Francisco Jimenez 1627 Pulliman Way Apt. A. Oakland, Ca. 94607																
SSN:	Sun 08/08	M on 08/09	Tue 08/10	Wed 08/11	Thu 08/12	Fri 08/13	8at 08/14	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Yrateing	Total Hourly Rate
S CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	67.71	0.00	0.00	0,00	0,00	0.90	0,00	2072(33)
O CEMENT MASON	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	88.21	0.00	0.00	0.00	9.00	0,00	0,00	60.21
NOTE:											Travel & S	ubsistence	6.00	Total (Deductions	55.74

Contractor Name: H B C ENTERPRISES	Pr	Project Name: WLSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION								Week En		Payroll Number: 5-0				
Employee: JUAN F. GAMEZ 1527 PULLMAN WAY APT. B, CAKLAND, CA, 94507																
SSN:	Sun 08/08	Mon 80/80	Tue 08/10	Wed 08/11	Thu 08/12	Fri 08/13	8at 08/14	Total Hours	Base Hourly	Total Fringe	Vac/ Hollday	Health & Welf.	Pension	Other	Training	Yotal Hourly Rate
S CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.01	6.00	67.71	0.00	0.00	0.00	0.00	0,00	0.00	67.71
O CEMENT MASON	0.00	0.00	0.00	0.00	1.00	0.00	0,00	1.00	88.21	0.00	0.00	0.00	0.00	út,o	0.00	6021
NOTE:											Travel & Bubsistence 0.00 Total		Total D	eductions	65,74	

ublic Works Centified Payroll Reporting Form 08/25/2021 - Page 6

Public Works Certified Payroll Reporting Form Verified Payroll Verified by:

Contractor Name: H B C ENTERPRISES	Pr	Project Name: WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION							V	Week En	iding: 08/	Payroll Number: 5-0				
mployee: DYLAN RIVERO 836 15TH STREET, OAKLAND, CA, 94607																
SSN:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Description of	Total	Vac/	Health		Telephone In the Indian		Total
	08/08	08/09	08/10	08/11	08/12	08/13	08/14	Hours	Base Hourly	Fringe	Holiday	& Welf.	Pension	Other	Training	Hourly Rate
S CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	67:71	0.00	0.00	0.00	0.00	0.00	0.00	67.71
O CEMENT MASON	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	88.21	0.00	0.00	0.00	0.00	0.00	0.00	88.21
IOTE:											Travel & S	ubsistence	0.00	Total D	eductions	62.19

Public Works Certified Payroll Reporting Form

Contractor Name: HBC ENTERPRISES	Pr	oject Na		ILSON V ROTECT		DGE IN	STALLA	TION OF S	LOPE		Week En	iding; 08/	14/2021		Payroll	Number: 5-0
Employee: JUAN LUIS GAMEZ 1527 PULL	MAN WAY APT. B,	DAKLAN	D, CA,	94607												
SSN:	Sun 08/08	Mon 06/09	Tue 06/10	Wed 08/11	Thu 08/12	P71 08/13	Sat 08/14	Total Hours	Base Hourfy	Total Fringe	Vac <i>i</i> Holiday	Heaith & Welf.	Penelog	Other	Training	Total Hourly Rate
S CEMENT MARON .	0.00	0.00	0,00	0,00	8,00	0,00	0,00	.a.oo	67.71	0.00	0.00	0.00	0.00	0.00	0,00	\$7.7
O CEMENT MASON	0.00	0,00	0,00	0,00	1,00	. 0, 00	0.00	1.00	88.21	0.00	0.00	0.00	0.00	0,00	0,00	(921
NOTE:											Travel & S	ubsistence	0.00	Total O	eductions	55,74

Certified Payroll Report Wilson Way Bridge Installation of Slope Protection Project No. 1912 419000652 DIR Project # 389928 Payroll Number: 5 For Week Ending 8/14/2021 Contractor HBC Enterprises 1840 Shaw Ave, Ste. 105-08 Project Contract: Job Gross Pay Check Pay this job Number 16,19 1,679,16 Direct Dep Paid Total Social Medio Federal State Pay Total Employee Name Elbar Betancourt 16680 Austin Street Madera, CA 93638 Jason Nelson | Hours | Hour Gross Pay Security care Tax Tax 1,862.66 97.91 22.90 110.11 50.01 Other Deduct Net Pay 18.96 299.88 1,382.78 7,00 87,71 25,50 59,74 0,00 76,62 8,00 67,71 0,00 88,21 1,00 72,41 0,00 84,88 18,50 59,74 0,00 76,62 7,00 57,71 0.00 8,00 0.00 1,00 0.00 18,60 2926 Pierce Drive Clovis, CA 98612 0.00 541.69 0.00 72.41 Travel 1,579,18 Direct Dep 0.00 Eduardo Betancourt 325 Wilson Street Madera, CA 93638 Fernando Mora 1,582,66 97.91 22.90 68.71 81.26 18.95 279.73 1.402.93 0.00 0.00 Travel \$103,50 Direct Dep 2,018.28 7.00 14.50 124,6 340.33 1,877.95 0,00 7,00 0,00 8,00 Corst. Spec. A2 OT Opr Grp. 8-A RT Opr Grp. 8-A OT Cerment Masson RT 0,00 76.62 7,00 72.41 0,00 92.93 8.00 67.71 0.00 506.87 313 Fritz Street 5.00 2.00 0,00 641.68 8.00 Travel \$103,50 629.89 Direct Dep 629.89 0.00 8.00 1.00 0.00 8.00 Cement Mason OT Cement Mason RT 8.00 88.2° 0,00 **54**1.68 Francisco Jimenez 1627 Pullman Way Apt. A Oakland, CA 94607 Juan F. Gamez 39.05 9.13 0.00 0.00 7.56 55.74 574.15 8.00 8.00 67.71 1.00 88.21 0.06 0.00 8.00 67.71 1.00 88.21 0.00 0.00 8.00 67.71 68.21 0.00 541,68 88.21 Cement Mason OT 1.00 Cement Mason RT Cement Mason OT 8,00 1,00 629.69 Direct Dep 629.89 39.05 9.13 0.00 0.00 7.56 55.74 574.15 1527 Fullman Way Apt. B. Oakland, CA 94607 Dylan Rivero 836 15th Street Oakland, CA 94607 Juan Luls Gamez 0.00 8.00 1.00 0.00 8,00 1.00 0,00 0,00 541.68 Cement Mason RT 39.05 6.45 0.00 7.66 62.19 567.70 8.00 1.00 629.89 Direct Dec 629.89 8.00 57.71 1.00 88.21 0.00 0.00 8.00 67.71 1.00 88.21 0.00 0.00 541.68 88.21 0.00 541.68 88.21 0.00 ептелі Макол ОТ Cement Mason RT Cement Mason OT 8,00 1,00 629.89 39.05 9.13 0,00 0.00 7.56 55.74 567.70 t627 Pullman Way Apl. B. Oakland, CA 94607 Travel

STATE OF CALIFORNIA STATEMENT OF COMPLIANCE

Dat	e: 8/2	5/2021	_	
Ro	to Hlami	\$	JV Partmer	do hereby state:
	(Name	of signatory party)	(Title)	
(1)	That I pa	y or supervise the payment	of the persons repor	ted on the Certified Payroll Report by
	HIBCE	intemprises on th	_e WitsoWawaige	নিশিপুe ্ that during the payroll period
	•	or or subcontractor)	(Project)	
			f Awguest	and ending the 14th day
	of Awg		_	aid project have been paid the full weekly
		rned, that no rebates have b , said HIBC Enterprises		either directly or indirectly to, or on
	behalf of	(Contractor or subcontr		ill weekly sums earned by any person
	and that	no deductions have been m	ade either directly o	indirectly from the full sums earned by any person,
		an permissible deductions, as		initial control and fair control control by any porcon,
	outor are	ar pormiodible dedderone; as	3 4 3 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	
				<u> </u>
(2)	are corre	ect and complete; that the w licable wage rates containe	age rates for labore d in any wage det	tract required to be submitted for the above period is or mechanics contained therein are not less than ermination incorporated into the contract; that the nic conform with the work he performed.
(3)	That an program	y apprentices employed in registered with a State appr	the above period renticeship agency.	are duly registered in a bona fide apprenticeship
(4)	That: , (a)	WHERE FRINGE BENEFIT	'S ARE PAID TO AP	PROVED PLANS, FUNDS, OR PROGRAMS
		the above referenced	d payroll or listings or will be made to a	es paid to each laborer or mechanic listed in payments of fringe benefits as listed in the appropriate programs for the benefit of such 4(c) below.
	(b)	WHERE FRINGE BENEFIT	S ARE PAID IN CA	зн
		paid as indicated on th	e payroll or listings a wage rate plus the	ve referenced payroll or listings has been an amount not less than the sum of the amount of the required fringe benefits as action 4(c) below:
	(c)	EXCEPTIONS		
		EXCEPTION (CRAFT)	EXPLANATION
		AffiiCreat	ts	Traiminics Funds is Palts to the Appeceriate
		Remarks:		
		NAME AND TITLE	er er	SIGNATURE

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).





eCPR Online Confirmation

Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at publicworks@dir.ca.gov.

Contractor Name: HB C ENTERPRISES

Contractor Address: 2743 E. SHAW AVE. FRESNO CA 93710 Awarding Body: CITY OF STOCKTON PUBLIC WORKS

Project ID: 369928

Contract With: CITY OF STOCKTON PUBLIC WORKS

Week Ending Date: 2021-08-21

Payroll Number: 6 Amendment Number: 0

3 employee payroll record(s) processed

Your Transaction ID is: 11913881

Print this Page

PDF

View your submission

Submit another set of payroll records

Public Works Certified Payroll Reporting Form

Certification under penalty of perjury:

"I, ROB HARRIS, the undersigned, am the JV PARTNER (position in business) with the authority to act for and on behalf of HBC ENTERPRISES (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 2021-08-21 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individuals named. I certify this on 2021-08-25."

Contractor Name: H B C ENTERPRISES		Contrac	tor PW0	CR: 1000	0062361		Lice	ense Type:	CSLB	Lice	nse Numb	er 104452	\$			
Address: 2743 E. SHAW AVE., FRESNO, CA 9371	o	FEIN: 371912894					Contractor Email: ROBATHBO@GMAIL.COM									
Insurance Number: 60513968																
Awarding Body: CITY OF STOCKTON PUBLIC WO	RKS	DIR Project ID: 369928 Project Name: WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION														
Contract With: CITY OF STOCKTON PUBLIC WOR	KS	County	SAN JO	DAQUIN			Loc	ation Desc	ription:							
Payroll #: 6 -0 Ctr Payroll #:		W	eek End	iing: D8	/21/2021				Staten	nent of	Non-Perfo	rmance?	√ Flŧ	al payro	ll for this	project?
Employee: EIBAR BETANCOURT 18680 AUSTIN	STREET, MAI	DERA, C	CA, 9363	8										-		
SSN:	Sun 08/15	Mon 08/16	Tue 08/17	Wed 08/18	Thu 08/19	Fri 06/20	9at 08/21	Total Hours	Base Hourly	Total Fringe	Vaci Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
S CONSTRUCTION SPECIALIST AREA 2	0.00	6.00	0.00	0.00	0.00	0.00	0.00	8.00	59.74	0.00	0.00	0,00	0.00	0.00	0.00	59747
NOTE:							•				Travel & S	ubsistence	34.50	Total D	eductions	31.71

Public Works Certified Payroli Reporting Form

Contractor Name: H B C ENTERPRISES	Pr	oject N		ILSON V ROTECT		IDGE IN	STALLA	TION OF S	LOPE		Week En	ding: 08/2	21/2021		Payroll	Number: 6-0
Employee: JASON P NELSON 2926 PIERCE DI	RIVE, CLOVIS,	CA, 936	12	••••												
SSN:	Sun	Mon	Ine	Wed	Thu	Ff	Sat	Total	Base Hourty	Total	Vac√	Health	Persion	Other	Training	Total
	08/15	08/16	08/17	08/18	08/19	08/20	08/21	Hours	sase Hourty Fringe	Fringe	Heliday	& Welf.	relation	04.03	: rasming	Hourly Rate
S CONSTRUCTION SPECIALIST AREA 2	0.00	6,00	0.00	2.00	0.00	0,00	0.00	8.00	59.74	0.00	0.00	O. DO	0.00	0.00	0,00	59.74
S OPERATOR GROUP A-8	0.00	2.00	0,00	0,00	0.00	0,00	0,00	200	72.41	0.00	0.00	0.00	0.00	0.00	c ,30	72.A1
NOTE;											Travel & S	ubsistence	0,00	Total D	eductions.	185.07

Public Works Certified Payroll Reporting Form

Contractor Name: H B C ENTERPRISES	Pr	Project Name: WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION Week End									eek Ending: 08/21/2021				Payroll Number: 6-0		
Employee: EDUARDO BETANCOURT 325 WILSO	N STREET, M	IADERA	, CA, 93	638													
SSN:	Sun 08/15	Mon 08/16	Tue 08/17	Wed 08/18	Thu 08/19	Fri 08/20	Sat 06/21	Total Hours	Base Hourly	Total Fringe	Vaci Holiday	Health & Welf.	Pedelon	O(her	Training	Total Hourly Rate	
S CONSTRUCTION SPECIALIST AREA 2	0.00	6.00	0.00	0.00	0.00	0.00	0.00	8.00	59.74	0.00	0.00	0,00	00,0	0.00	0.00	974	
NOTE:			٠.								Travel & S	ubsistence	34,50	Total D	eductions	31,73	

Certified Payroll Report

	Contractor	HBC Enterprises 1840 Shaw Ave.		05.08							Wilson Protect			on of Slope P	roteotion		F		Project # 3 dumber: \$			٠	
		Clovis, CA 9361								Contract:	419000	652					F	or Wee	k Ending 8	1/21/2021			
						urs Worke																	
		Work	Pay	Sun I	Моп	Tue Wes	Thu	Fri	Sat	Timesheet	Pald	Pay	Job	Oross Pay	Check	Total	Social			State		Total	
Employee Name	SSN	Classification	Type	15	16	17 18	19	20	21	Hours	Hours	Rate	Gross Pay	this job	Number	Gross Pay	Security	care	Tax	T≜x	Other	Deduct	
har Belancourt		Const. Spec. A2			6.00					6.00	6.00	59,74	358,44	358,44	Direct Dep	392,94	22,22	5.19	0,00	0.00	4,30	31,71	361.23
8680 Austin Street		Const. Spec. A2								0.00	0,00	76,62	0.00										
Madera, GA 99638		Cement Mason								0.00	0.00	67.71	6.00		Travel \$34	.50							
lason Nelson		Const. Spec.A2			6.00	2.0	0		.	8.00				622,74	Direct Dep	1,190.27	73.80	17.26	67.33	12.40	14,28	185,07	1,005,20
926 Pieroc Drive		Const Spec.A2			0.00	2.0	-			0,00		76.62	0.00										
Cloyls, CA 93612		CM Area 2	RT							0.00		67.71			ì								
WH, VA 27712		CM Area 2	DΤ	l.						0.00	0.00				l								
		Opr Grp. 8-A	RT		2.00					2.00					l								
		Opr Grp. 8-A	OT	ı	2.00					0.00		84.86			Travel								
Eduardo Setancourt		Const. Spec.A2		-	6.00				-	5.00		59.74			Direct Dep	392.94	22,23	5.20	0.00	0.00	4.30	31,73	361.21
		Const. Spec.A2		ı	0.00					0.00		76.62			1	,							
325 Wilson Street Madera, CA 93638		Cement Mason		ĺ						0.00		87.71			Travel \$34	En							

STATE OF CALIFORNIA STATEMENT OF COMPLIANCE

Date	e: 8//2	5/2	102211		
Ro	tb IHlam	i ts		JV Partiner	do hereby state:
	(Name	of s	ignatory party)	(Title)	
(1)	That I p	ay o	r supervise the paymer	nt of the persons repo	rted on the Certified Payroll Report by
	HIBCI	Ent	emprises on	the WhsoWaveage	জীমিবুঁe ্, that during the payroll period
	•		subcontractor)	(Project)	
	comme	ncing		of August	and ending the 21st day
	of Awg				said project have been paid the full weekly
			o, that no repates have id IHBC Entemprise		either directly or indirectly to, or on
	benan c	ii, 5a	(Contractor or subcon		ull weekly sums earned by any person
	and that	t no	deductions have been i	made either directly o	or indirectly from the full sums earned by any person,
			ermissible deductions,		,
		·	·		
/a\	That on	v no	vrolle or lietings or oth	anvice under this ear	street required to be submitted for the
(2)	are com	ect a	and complete; that the	wage rates for labore	ntract required to be submitted for the above perioders or mechanics contained therein are not less than
					rermination incorporated into the contract; that the anic conform with the work he performed.
(3)					'
(3)	program	iy al i reg	istered with a State ap	prenticeship agency.	are duly registered in a bona fide apprenticeship
(4)	That:				
	(a)	Wh	ERE FRINGE BENEF	ITS ARE PAID TO AF	PPROVED PLANS, FUNDS, OR PROGRAMS
					es paid to each laborer or mechanic listed in
			contract have been	ed payroll or listings or will be made to	s payments of fringe benefits as listed in the appropriate programs for the benefit of such
			employees, except		
	(b)	WH	IERE FRINGE BENEF	ITS ARE PAID IN CA	SH
		Z			ove referenced payroll or listings has been
					an amount not less than the sum of the amount of the required fringe benefits as
			listed in the contract,		
	(c)	ΕX	CEPTIONS		
	. ,			(OD (CT)	
		_	EXCEPTION	<u> </u>	EXPLANATION TO THE PROPERTY OF
		_	AffiliGree	照 S	Training Fund is Pelo to the Appeariate
				<u> </u>	
			marks:		
			NAL .		
			AME AND TITLE OB Harris/JV Parti	ner	SIGNATURE
		Κť	THATTISTY PART	ner	

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).

Print

Clear Form

RECEIVED PUBLIC WORKS SEB

2071 SEP -3 PM 3: 49

PAYROLL NO FOR WEEK ENDING 08/15/2021 CONTRACTOR/SUBCONTRACTOR KLEINFELDER Inc. EMPLOYEE
NAME, ADDRESS AND SOCIAL SECURITY NO. Carpenter, Russ xxx-xx-0912 11100 Sawyer Ave Oakdale, CA 95361 20202112.012A Wilson Way Bridge Slope Protection PO # 22100896 Holding
Exempt-CLASSIFICATION WC498 - NC Concrt/Fireprfing 550 West C Street, Ste 1200 San Diego, CA 92101 BUSINESS ADDRESS DT,OT M T W T F S S M T W T F S S
ORST 2 3 4 5 6 7 8 9 10 11 12 13 14 15 S 0 PROJECT AND LOCATION HOURS WORKED EACH DAY DAY AND DATE TOTAL 3.00 T. HOURS BASIC RATE GROSS AMOUNT EARNED PROJECT 57.69 ADJ RATE CONTRACT NUMBER THIS ALL OTHER TOTAL PROJECTS FED TAX FICA STATE TAX SDI 441K, INS. DEDUCTS DEDUCTS DEDUCTS 173.07 2,378.14 106.74 147.41 21.83 25.71 437.20 99.89 TOTAL DEDUCTIONS FEDERAL AID NUMBER 838.78 1,539.36 NET PAY 110608 CK. NO.

X CONTRACTOR PAYROLL
CEM-2503[REV 4/2000]

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

SUBCONTRACTOR PAYROLL

Certified Payroll Verified by:

STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION	ATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION								
STATEMENT OF COMPLIANCE									
CEM-2503 (REV 05/2019)	Page 1 of 2								
CONTRACTOR/SUBCONTRACTOR	CONTRACT NUMBER & PROJECT NUMBER								
Kleinfelder, Inc.	N419000431 & 20202112.012A								
DEPT. OF INDUSTRIAL RELATIONS REGISTRATION NUMBER	CONTRACTORS STATE LICENSE BOARD NUMBER								
369928									
FIRST DAY AND DATE OF PAY PERIOD	LAST DAY AND DATE OF PAY PERIOD								
08/02/2021	08/15/2021								

I do hereby certify under penalty of perjury:

- (1) That I pay or supervise payment to employees of the above-referenced contractor on the above-referenced contract. All persons employed on said project for the above-referenced time period have been paid their full weekly wages earned; that no rebates have been or will be made either directly or indirectly to or on behalf of said contractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions.
- (2) That any payrolls otherwise under this control required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates:
 - (a) Specified in the applicable wage determination incorporated in the contract;
 - (b) X Determined by the Director of Industrial Relations for the county or counties in which the work is performed; that the classification set forth therein for each laborer or mechanic conform with the work he or she performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.
- (4) That fringe benefits as listed in the contract:
 - (a) X Have been or will be paid to the approved plan(s), fund(s), or programs(s) for the benefit or listed employees(s), except as listed below.
 - (b) Have been paid directly to the listed employee(s), except as noted below.
 - (c) X See exceptions noted below.

EXCEPTION CRAFT	EXPLANATION
SEE ATTACHED FRINGE BENEFIT STATEMENT	SEE ATTACHED FRINGE BENEFIT STATEMENT FOR
	HOURLY RATES AND DELTA PAID TO EMPLOYEE

Remarks:

NAME	TITLE
Christina Ortiz Brown	Payroll Accountant
SIGNATURE	DATE
C. December	08/24/2021

On federally-funded projects, permissible deductions are defined in Code of Federal Regulations, Title 29, Part 3.

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see United States Code, Title 18, Section 1001 and Title 31, Section 3729).

FRINGE BENEFIT STATEMENT

CONTRACTOR/SUBCONTRACTOR

CONTRACT NUMBER & PROJECT NUMBER

FEDERAL-AID PROJECT NUMBER

Date

(08/24/2021)

TO: RESIDENT ENGINEER OR DISTRICT LABOR COMPLIANCE OFFICER

BUSINESS ADDRESS
550 West C Street, Suite 1200
San Diego, CA 92101

Labor Compliance uses the following fringe benefits information (shown or referenced on wage rate determinations) paid to or on

Labor Compliance uses the following fringe benefits information (shown or referenced on wage rate determinations) paid to or on behalf of employees in various crafts or classifications to check payroll or apply to force account work on the above contract.

COMPLETE AND SUBMIT THIS FORM WITH THE FIRST CERTIFIED PAYROLL OR WHEN THERE HAVE BEEN CHANGES.

Classification		Fringe Bene	fit Hourly Amount	Name and Address of Plan, Fund, or Program					
Grp 4 WC498 - NC Concrt/Fireprfin	g			Kleinfelder - Company Policy					
		Vacation	\$ 4.26	Ch. 5 Employee Benefits					
Employee		Health and		BUSINESSSOLVER.COM, INC.					
Carpenter, Russ		Welfare	\$ 5.61	P.O. Box 310411, Des Moines, IA 50331-0411					
Effective Date				The Vanguard Group, Attn: Plan #091189					
08/02/2021		Pension	\$ 0.87	14321 N. Northsight Blvd., Scottsdale, AZ 85260					
Subsistence and/or Travet F	ay	Apprentice or		Operating Engineers Trust Fund					
N/A		Training Fees	\$ 1.13	P.O. Box 3157, Hayward, CA 94540					
ST Base Pay: \$29.10	,			Operating Engineers Trust Funds					
Delta Paid to Employee: \$28.59	-4' <u></u>	Other	\$ 0.00	P.O. Box 844633, Los Angeles, CA 90084-4633					
Classification		Fringe Benefit H	ourly Amount	Name and Address of Plan, Fund, or Program					
WC498 - NC Concrt/Fireprfing				Kleinfelder - Company Policy					
	Vacatio	n	\$ 0.00	Ch. 5 Employee Benefits					
Employee	Health	and		BUSINESSSOLVER.COM, INC.					
Carpenter, Russ	Welfare)	\$ 0.00	P.O. Box 310411, Des Moines, IA 50331-0411					
Effective Date	1			The Vanguard Group, Attn: Plan #091189					
08/02/2021	Pension	n	\$ 0.00	14321 N. Northsight Blvd., Scottsdale, AZ 85260					
Subsistence and/or Travel Pay	Appren	tice or		Operating Engineers Trust Fund					
N/A	Training	g fees	\$ 0.00	P.O. Box 3157, Hayward, CA 94540					
OT Base Pay: \$43.65	1			Operating Engineers Trust Funds					
Delta Paid to Employee: \$41.94	Other		\$ 0.00	P.O. Box 844633, Los Angeles, CA 90084-4633					
Classification		Fringe Benefit H	ourly Amount	Name and Address of Plan, Fund, or Program					
WC498 - NC Concrt/Fireprfing		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Kleinfelder - Company Policy					
	Vacatio	n	\$ 0.00	Ch. 5 Employee Benefits					
Employee	Health	and		BUSINESSSOLVER.COM, INC.					
Carpenter, Russ	Welfare)	\$ 0.00	P.O. Box 310411, Des Moines, IA 50331-0411					
Effective Date	1			The Vanguard Group, Attn: Plan #091189					
08/02/2021	Pension	n	\$ 0.00	14321 N. Northsight Blvd., Scottsdale, AZ 85260					
Subsistence and/or Travel Pay	Appren	tice or		Operating Engineers Trust Fund					
N/A	Training	g Fees	\$ 0.00	P.O. Box 3157, Hayward, CA 94540					
DT Base Pay: \$58.20	1			Operating Engineers Trust Funds					
Delta Paid to Employee: \$45.54	Other		\$ 0.00	P.O. Box 844633, Los Angeles, CA 90084-4633					

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs listed above.

NAME AND TITLE

Christina Ortiz Brown/Payroli Accountant

SIGNATURE

BUSINESS TELEPHONE NUMBER

619-831-4600

EMPLOYEE
NAME, ADDRESS AND SOCIAL SECURITY NO. Zepeda, James xxxxx7445 3609 Plaudit modesto, CA 95355 No, of With WC497 - NC Solls/Amphait BUSINESS ADDRESS

550 Ward C Strat, Sin 1200 Sin Diago, CA 92/01

FROJECT AND LOCATION 9 DAY AND DATE 2.50 TOTAL HOURS 2.50 PROJECT T. HOURS 2.5 63.64) 159.10 CONTRAGT RUMBER
ASSOCIATE GROSS AWOUNT EARNED ADJ RATE THS ALL OTHER PROJECTS FED TAX FICA STATE TAX SDI 401K, INS. DEDUCTS 7,692,48 1,178,67 559,02 500,93 90,00 339,73 76,74 TOTAL DEDUCTIONS TOTAL 2,733.09 NET PAY CK, NO. 4.959.39

109724

(

STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION									
STATEMENT OF COMPLIANCE									
CEM-2503 (REV 05/2019)	Page 1 of 2								
CONTRACTOR/SUBCONTRACTOR	CONTRACT NUMBER & PROJECT NUMBER								
Kleinfelder, Inc.	419000431 & 20202112.017A								
DEPT. OF INDUSTRIAL RELATIONS REGISTRATION NUMBER	CONTRACTORS STATE LICENSE BOARD NUMBER								
281698									
FIRST DAY AND DATE OF PAY PERIOD	LAST DAY AND DATE OF PAY PERIOD								
08/02/2021	08/15/2021								

I do hereby certify under penalty of perjury:

- (1) That I pay or supervise payment to employees of the above-referenced contractor on the above-referenced contract. All persons employed on said project for the above-referenced time period have been paid their full weekly wages earned; that no rebates have been or will be made either directly or indirectly to or on behalf of said contractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions.
- (2) That any payrolls otherwise under this control required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates:
 - (a) Specified in the applicable wage determination incorporated in the contract;
 - (b) X Determined by the Director of Industrial Relations for the county or counties in which the work is performed; that the classification set forth therein for each laborer or mechanic conform with the work he or she performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.
- (4) That fringe benefits as listed in the contract:
 - (a) X Have been or will be paid to the approved plan(s), fund(s), or programs(s) for the benefit or listed employees(s), except as listed below.
 - (b) Have been paid directly to the listed employee(s), except as noted below.
 - (c) X See exceptions noted below.

EXCEPTION CRAFT	EXPLANATION
SEE ATTACHED FRINGE BENEFIT STATEMENT	SEE ATTACHED FRINGE BENEFIT STATEMENT FOR
	HOURLY RATES AND DELTA PAID TO EMPLOYEE

Remarks:

NAME	TITLE
Christina Ortiz Brown	Payroll Accountant
SIGNATURE,	DATE
() pre-	08/24/2021

On federally-funded projects, permissible deductions are defined in Code of Federal Regulations, Title 29, Part 3.

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see United States Code, Title 18, Section 1001 and Title 31, Section 3729).

CONTRACTOR/SUBCONTRACTOR	CONTRACT NUMBER & PROJECT NUMBER	FEDERAL-AID PROJECT NUMBER	Date
Kleinfelder, Inc.	419000431 & 20202112.017A		08/24/2021
TO: RESIDENT ENGINEER OR DISTRICT	LABOR COMPLIANCE OFFICER	BUSINESS ADDRESS 550 West C Street, Suite 1200 San Diego, CA 92101	

Labor Compliance uses the foillowing fringe benefits information (shown or referenced on wage rate determinations) paid to or on behalf of employees in various crafts or classifications to check payroll or apply to force account work on the above contract.

COMPLETE AND SUBMIT THIS FORM WITH THE FIRST CERTIFIED PAYROLL OR WHEN THERE HAVE BEEN CHANGES.

Classification	Fringe Bend	efit Hourly Amount	Name and Address of Plan, Fund, or Program
Grp 3 WC497 - NC Solls/Asphalt			Kleinfelder - Company Policy
	Vacation	\$ 5.12	Ch. 5 Employee Benefits
Employee	Health and		BUSINESSSOLVER.COM, INC.
Zepeda, James	Welfare	\$ 5.64	P.O. Box 310411, Des Moines, IA 50331-0411
Effective Date			The Vanguard Group, Attn: Plan #091189
08/02/2021	Pension	\$ 0.00	14321 N. Northsight Blvd., Scottsdale, AZ 85260
Subsistence and/or Travel P	ay Apprentice or	 :	Operating Engineers Trust Fund
N/A	Training Fees	\$ 1.13	P.O. Box 3157, Hayward, CA 94540
ST Base Pay: \$35.00			Operating Engineers Trust Funds
Delta Paid to Employee: \$28.64	Other	\$ 0.00	P.O. Box 844633, Los Angeles, CA 90084-4633
Classification	Fringe Benefit I	lourly Amount	Name and Address of Plan, Fund, or Program
WC497 - NC Soils/Asphalt			Kleinfelder - Company Policy
	Vacation	\$ 0.00	Ch. 5 Employee Benefits
Employee	Health and		BUSINESSSOLVER.COM, INC.
Zepeda, James	Welfare	\$ 0.00	P.O. Box 310411, Des Moines, IA 50331-0411
Effective Date	<u></u>		The Vanguard Group, Attn: Plan #091189
08/02/2021	Pension	\$ 0.00	14321 N. Northsight Blvd., Scottsdale, AZ 85260
Subsistence and/or Travel Pay	Apprentice or		Operating Engineers Trust Fund
N/A	Training fees	\$ 0.00	P.O. Box 3157, Hayward, CA 94540
OT Base Pay: \$52.50			Operating Engineers Trust Funds
Delta Paid to Employee: \$43.32	Other	\$ 0.00	P.O. Box 844633, Los Angeles, CA 90084-4633
Classification	Fringe Benefit I	lourly Amount	Name and Address of Plan, Fund, or Program
WC497 - NC Soils/Asphalt			Kleinfelder - Company Policy
	Vacation	\$ 0.00	Ch. 5 Employee Benefits
Employee	Health and		BUSINESSSOLVER.COM, INC.
Zepeda, James	Welfare \$ 0.00		P.O. Box 310411, Des Moines, IA 50331-0411
Effective Date			The Vanguard Group, Attn: Plan #091189
08/02/2021	Pension \$ 0.00		14321 N. Northsight Blvd., Scottsdale, AZ 85260
Subsistence and/or Travel Pay	Apprentice or		Operating Engineers Trust Fund
N/A	Training Fees	\$ 0.00	P.O. Box 3157, Hayward, CA 94540
DT Base Pay: \$70,00			Operating Engineers Trust Funds
Delta Paid to Employee: \$47.24 Other		\$ 0.00	P.O. Box 844633, Los Angeles, CA 90084-4633

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs listed above.

NAME AND TITLE

Christina Ortiz Brown/Payroll Accountant

SIGNATURE

BUSINESS TELEPHONE NUMBER

619-831-4600

	Contrac	tor Fri	nge Benef	fit Statement		
Project Name: Wilson W Slope Protection Project	No. 1912			Today's Date: May 13, 2021		
Contractor / Subcontract			Business Address:			
Contractor's License No.	.: 1044524 Phone: 559-575-3000		1840 Shaw Av	ve. Ste. 105-08 Clovis, CA 93611		
	Phone: 559			Fax: 559-775-5194		
In order that the prope	r Prevailing Wage	Rates ca	n be verified w	when checking payrolls on the above projec		
the nourly rates for	fringe benefits, su	ubsistence	and/or travel	allowance payments to employees, of the		
various classes of worl	k, are to be tabula	ted below	•			
Classification: Operato	Bid Advertisem	ent Date:	ವರ್ಷ ಕರ್ನಡಿಗೆ ಬರು ಕರ್ನಾಕ್ಕೂ ಪ್ರವೀಸಿಕೆಯನ್ನು ಪ್ರಾ -	Subsistence or Travel:		
	,		 	Required: YES		
O(D11	Determination:			\$ 20.00		
Group/Period:	Increase Date(s		<u> </u>			
Area 1/Group 8-A	Office Use		Indicate where	fringes and training are paid.		
Base Rate:\$41.03			employee in the	to employee" when fringes are paid to the eir wages.		
Health & Welfare			Paid To: Nan			
\$13.88			Addre			
Pension \$10.78 Vacation/Holiday			Paid To: Nan	me: Cash to employees		
\$10.78			Addre			
Vacation/Holiday			Paid To: Nan	me: Cash to employees		
\$5.34			Addre			
\$5.34 Other \$1.38 Training			Paid To: Nan			
\$1,38			Addre			
Training				me: DIR CA Apprenticeship		
\$1.07			•	ess: PO Box 511283 Los Angeles, CA 9005		
Cotal Rate: \$73.48				200 (1) (200 (1) (1) (1) (1)		
Classification: Cement	Bid Advertiseme	ant Date:		Subsistence or Travel:		
Mason	Determination:N	,	1-2020-1	Required: NO		
Group/Period:	Increase Date(s)		, , , , , , , , , , , , , , , , , , , 	\$ 0.00		
	Office Use			fringes and training are paid.		
Base Rate:\$41.00		i i	Indicate "cash t	to employee" when fringes are paid to the		
Health & Welfare			employee in the			
\$8.85			Paid To: Nam			
			Addres			
Pension \$11.61 Vacation/Holiday			Paid To: Nam			
\$11.61	<u> </u>		Addres			
Vacation/Holiday \$6.15	<u> </u>		Paid To: Nam			
\$6.15 Other			Addres	· · · · · · · · · · · · · · · · · · ·		
5 \$0.10			Paid To: Nam			
		···	Addres	· · · · · · · · · · · · · · · · · · ·		
Training \$0.60		F		ne: DIR CA Apprenticeship		
Total Rate:\$68.31	 		Addres	ss: PO Box 511283 Los Angeles, CA 90051		
AND INCOMES THE PARTY OF THE PA		MTSONE EXCENSION CONTRA		ang di serge significant di serge anticologi general santant sentre i me special comprenentation i sepreta della seguina della comprenentation della compr		
evised fringe benefit ite of pay for <u>any</u> wor	statements musi k classification i	t be subn s made.	nitted during	the progress of work if a change in <u>any</u>		
ubmitted By:Dallanara M	iguel		Title	/ Position: Administrative Assistant		
ignature Oal an	ua Migu	(
			<u>_</u>			

Contractor Fringe Benefit Statement

Project Name: Wilson Wa Slope Protection Project N	ay Bridge Installatio	on of		 ,	Today's Date: May 13, 2021	
Contractor / Subcontracto			Business Address:			
On the state of the	1840 Shaw		aw Ave.	Ste. 105-08 Clovis, CA 93611		
Contractor's License No.:	1044524 Phone: 559-57			9-575-3000 Fax: 559-775-5194		
In order that the proper	Prevailing Wage	Rates ca	n be ver	ified whe	en checking payrolls on the above project,	
the hourly rates for f	ringe benefits, su	bsistence	and/or f	ravel all	owance payments to employees, of the	
various classes of work,	are to be tabula	ted below.			owanie payments to employees, or the	
Classification:	Bid Advertisement Date:			Subsistence or Travel:		
Construction Specialist		<u> </u>		Required: YES		
	Determination:	NC-23-102	-1-2020-2		\$ 34.50	
Group/Period:	Increase Date(s): June 27	, 2022			
Area 2	Office Use		Indicate	where fri	nges and training are paid.	
Base Rate:\$33.75		l i	Indicate '	"cash to	employee" when fringes are paid to the	
Section 1			employe	e in their	wages.	
Health & Welfare			Paid To:			
\$9.30				Address:		
Fension			Paid To:	Name:	Cash to employees	
Pension \$13.36 Vacation/Holiday				Address:		
₹ Vacation/Holiday			Paid To:	Name:	Cash to employees	
\$3.05				Address:		
Other			Paid To:		······································	
5 \$0.28				Address:		
\$3.05 Other \$0.28 Training			Paid To:		DIR CA Apprenticeship	
\$0.50					PO Box 511283 Los Angeles, CA 90051	
Total Rate: \$60.24			,,	ridaress.	1 C Box 511203 Los Angeles, CA 90051	
Classification:Operator		Section of the section of the section of	e ansagrafie			
- The second sec	Bid Advertiseme		Subsistence or Travel: Required: YES \$ 20.00			
Group/Davie d.					\$ 20.00	
Group/Period:	Increase Date(s)		2022			
Area 1/Group 4	Office Use (Indicate where fringes and training are paid.			
Base Rate:\$47.80		اً	ndicate " emplovee	cash to e in their v	mployee" when fringes are paid to the	
Health & Welfare			Paid To:			
\$13.88		 '		Address:	Cash to employee	
Pension			Paid To:		0-:11	
\$10.78				-	Cash to employee	
Vacation/Holiday				\ddress:		
Pension \$10.78 Vacation/Holiday \$5.34 Other \$1.38 Training	<u> </u>		Paid To:		Cash to employee	
Other				\ddress:		
6 \$1.38		f	Paid To:	Name:	Cash to employee	
Σ.Ψ1.30				\ddress:		
10 mag (1)		F	Paid To:	_	DIR CA Apprenticeship	
\$1.07				ddress:	PO Box 511283 Los Angeles, CA 90051	
Total Rate:\$80.25	and the second s					
Revised fringe benefit s	tatements must	be suhm	itted d	ring the	progress of work if a change in any	
ate of pay for <u>any</u> work	classification is	s made.	ide GD	uit	hindiess of Mork it a cuaude in any	

Title / Position: Administrative Assistant

Submitted By:Dallanara Miguel

Signature: