

# 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