

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS	OMB No.:1235-0008 Expires: 04/30/2021
HUSAR ABATEMENT, LTD.	10215 FRANKLIN AVE FRANKLIN PARK, IL 60131	

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
	11/19/2022	7612-7620 MADISON STREET RIVER FOREST, IL 60305 <i>11 ASHLAND 10 LATHROP</i>	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	TH	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				13	14	15	16	17	18	19									
ENRIQUE MORALES [REDACTED]	2	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00		16.00	47.40	\$758.40	\$58.01	\$63.92	\$28.44	\$150.37	\$608.03
			S	0.00	0.00	0.00	0.00	8.00	8.00	0.00									
LUIS RODRIGUEZ [REDACTED]	2	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00		16.00	47.40	\$758.40	\$58.01	\$87.92	\$28.44	\$174.37	\$584.03
			S	0.00	0.00	0.00	0.00	8.00	8.00	0.00									
ERIK TERRON [REDACTED]	4	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00		8.00	47.40	\$379.20	\$29.01	\$9.54	\$14.22	\$52.77	\$326.43
			S	0.00	0.00	0.00	0.00	8.00	0.00	0.00									
IHOR BURAK [REDACTED]	3	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00		8.00	47.40	\$379.20	\$29.01	\$11.85	\$14.22	\$55.08	\$324.12
			S	0.00	0.00	0.00	0.00	8.00	0.00	0.00									
PAVLO SOVYAK [REDACTED]	0	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00		8.00	47.40	\$379.20	\$29.01	\$47.77	\$14.22	\$91.00	\$288.20
			S	0.00	0.00	0.00	0.00	8.00	0.00	0.00									
JOSE LUIS LOPEZ [REDACTED]	4	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00		16.00	47.40	\$758.40	\$58.01	\$42.31	\$28.44	\$128.76	\$629.64
			S	0.00	0.00	0.00	0.00	8.00	8.00	0.00									
LUIS MARTINEZ SALAZAR [REDACTED]	0	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00		8.00	47.40	\$379.20	\$29.01	\$16.46	\$14.22	\$59.69	\$319.51
			S	0.00	0.00	0.00	0.00	0.00	8.00	0.00									
AUGUSTO HERNANDEZ [REDACTED]	0	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00		8.00	47.40	\$379.20	\$29.01	\$7.23	\$14.22	\$50.46	\$328.74
			S	0.00	0.00	0.00	0.00	0.00	8.00	0.00									

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date November 23, 2022

I, JANINA STOGOWSKA PRESIDENT
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
HUSAR ABATEMENT, LTD. on the
(Contractor or Subcontractor)

ASBESTOS ABATEMENT; that during the payroll period commencing on the
(Building or Work)
13th day of November, 2022, and ending the 19th day of November, 2022,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

HUSAR ABATEMENT, LTD. from the full
(Contractor or Subcontractor)

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 as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract 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 contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he 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 recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

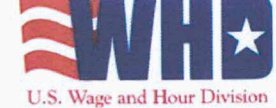
REMARKS:

NAME AND TITLE: Janina Stogowska, President
SIGNATURE: 

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.

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> HUSAR ABATEMENT, LTD.	ADDRESS 10215 FRANKLIN AVE FRANKLIN PARK, IL 60131	OMB No.: 1235-0008 Expires: 04/30/2021
PAYROLL NO.	FOR WEEK ENDING 11/26/2022	PROJECT AND LOCATION 7612-7620 MADISON STREET RIVER FOREST, IL 60305 <i>11 ASHLAND 10 LATHROP</i>

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	TH	F	S				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				20	21	22	23	24	25	26				HOURS WORKED EACH DAY					
ENRIQUE MORALES	2	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00			\$1,137.60						
			S	0.00	8.00	8.00	8.00	0.00	0.00	0.00	24.00	47.40		\$87.02	\$125.69		\$42.66	\$255.37	\$882.23
LUIS RODRIGUEZ	2	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00			\$1,137.60						
			S	0.00	8.00	8.00	8.00	0.00	0.00	0.00	24.00	47.40		\$87.02	\$152.69		\$42.66	\$282.37	\$855.23
ERIK TERRON	4	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00			\$758.40						
			S	0.00	8.00	8.00	0.00	0.00	0.00	0.00	16.00	47.40		\$58.02	\$42.31		\$28.44	\$128.77	\$629.63
ARNOLD GARCIA	2	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00			\$758.40						
			S	0.00	8.00	8.00	0.00	0.00	0.00	0.00	16.00	47.40		\$58.03	\$63.92		\$28.44	\$150.39	\$608.01
IVAN KLYMIV	2	ASBESTOS ABATEMENT	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00			\$379.20						
			S	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	47.40		\$29.01	\$14.15		\$14.22	\$57.38	\$321.82
			O																
			S																
			O																
			S																

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date November 30, 2022

I, JANINA STOGOWSKA PRESIDENT
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
HUSAR ABATEMENT, LTD. on the
(Contractor or Subcontractor)

ASBESTOS ABATEMENT; that during the payroll period commencing on the
(Building or Work)
20th day of November, 2022, and ending the 26th day of November, 2022,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said
HUSAR ABATEMENT, LTD. from the full
(Contractor or Subcontractor)

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 as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract 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 contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he 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 recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

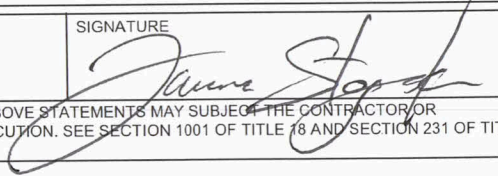
- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

FINAL

NAME AND TITLE Janina Stogowska, President	SIGNATURE 
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.	



Case #: 23-CTP-142659

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLLFORM

PAY PERIOD

Payroll Date	Project Location
5/14/2023 to 5/20/2023	Madison, Ashland and Lathrop
Contractor Number Or FEIN	River Forest IL 60305
[REDACTED]	
Project Number or Name	State Capital Funds
River Forest Demo Project	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	Contractor Location
Anthem Excavation & Demolition, Inc.	PO BOX 496
Contact Name	ITASCA IL 60143
Dan Bos	
Primary Email	Secondary Email
[REDACTED]	
Primary Phone	Secondary Phone
[REDACTED]	

Public Body Information

Public Body Name	Public Body Address
Village of River Forest	400 PARK AVE
Contact Name	RIVER FOREST IL 60305
Matt Walsh	
Primary Phone	Secondary Phone
7083668500	

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Rene Maldonado	████	████	██████████	██████	███	███	█	█	█	█	█	██████████
John Swaagman	████	███	██████████	██████	███	███	█	█	█	█	█	██████████
Brad Kick	████	████	██████████	██████	███	███	█	█	█	█	█	██████████

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Rene Maldonado	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		53.30	0.00		2132.00	1351.03	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension 772.00		Health		886.00		Vacation		80.00		Training		102.00			
John Swaagman	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		47.40	0.00		1896.00	1305.72	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension 608.40		Health		682.00		Vacation		0.00		Training		36.00			
Brad Kick	P	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		53.30	0.00		719.55	0.00	
	NP	8.00	0.00	8.00	8.00	8.00	6.75	0.00	32.00	6.75		35.00	52.50		1467.88	1467.50	
		Pension 154.40		Health		177.20		Vacation		16.00		Training		20.40			

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Dan Bos

Jun 20, 2023



Case #: 23-CTP-142683

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLLFORM

PAY PERIOD

Payroll Date	Project Location
5/21/2023 to 5/27/2023	Madison, Ashland and Lathrop
Contractor Number Or FEIN	River Forest IL 60305
[REDACTED]	
Project Number or Name	State Capital Funds
River Forest Demo Project	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	Contractor Location
Anthem Excavation & Demolition, Inc.	PO BOX 496
Contact Name	ITASCA IL 60143
Dan Bos	
Primary Email	Secondary Email
[REDACTED]	
Primary Phone	Secondary Phone
[REDACTED]	

Public Body Information

Public Body Name	Public Body Address
Village of River Forest	400 PARK AVE
Contact Name	RIVER FOREST IL 60305
Matt Walsh	
Primary Phone	Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Rene Maldonado	████	████	██████████	██████	███	███	█	█	█	█	█	██████████
John Swaagman	████	███	██████████	██████	███	███	█	█	█	█	█	██████████

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Rene Maldonado	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		53.30	0.00		2132.00	1351.05	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension 772.00		Health		886.00		Vacation		80.00		Training		102.00			

John Swaagman	P	8.00	8.00	6.00	8.00	8.00	0.00	0.00	38.00	0.00		47.40	0.00		1801.20	1247.87	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension 577.98		Health		647.90		Vacation		0.00		Training		34.20			

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Dan Bos

Jun 20, 2023



Case #: 23-CTP-142770

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLLFORM

PAY PERIOD

Payroll Date	Project Location
5/28/2023 to 6/3/2023	Madison, Ashland and Lathrop
Contractor Number Or FEIN	River Forest IL 60305
[REDACTED]	
Name	State Capital Funds
River Forest Demo Project	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	Contractor Location
Anthem Excavation & Demolition, Inc.	PO BOX 496
Contact Name	ITASCA IL 60143
Dan Bos	
Primary Email	Secondary Email
[REDACTED]	
Primary Phone	Secondary Phone
[REDACTED]	

Public Body Information

Public Body Name	Public Body Address
Village of River Forest	400 PARK AVE
Contact Name	RIVER FOREST IL 60305
Matt Walsh	
Primary Phone	Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Rene Maldonado	████	████	██████████	██████	███	███	█	█	█	█	█	██████████
John Swaagman	████	███	██████████	██████████	███	███	█	█	█	█	█	██████████

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Rene Maldonado	P	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00		53.30	0.00		426.40	0.00	
	NP	8.00	8.00	8.00	0.00	8.00	3.50	0.00	32.00	3.50		36.00	54.00		1341.00	1139.22	
		Pension 154.40		Health		177.20		Vacation		16.00		Training		20.40			

John Swaagman	P	0.00	0.00	0.00	7.00	0.00	0.00	0.00	7.00	0.00		47.40	0.00		331.80	0.00	
	NP	0.00	8.00	7.50	0.00	0.00	0.00	0.00	15.50	0.00		28.00	0.00		434.00	575.46	
		Pension 106.47		Health		119.35		Vacation		0.00		Training		6.30			

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Dan Bos

Jun 20, 2023



Case #: 23-CTP-143104

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLLFORM

PAY PERIOD

Payroll Date	Project Location
6/4/2023 to 6/10/2023	Madison, Ashland and Lathrop
Contractor Number Or FEIN	River Forest IL 60305
[REDACTED]	
Project Number or Name	State Capital Funds
River Forest Demo Project	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	Contractor Location
Anthem Excavation & Demolition, Inc.	PO BOX 496
Contact Name	ITASCA IL 60143
Dan Bos	
Primary Email	Secondary Email
[REDACTED]	
Primary Phone	Secondary Phone
[REDACTED]	

Public Body Information

Public Body Name	Public Body Address
Village of River Forest	400 PARK AVE
Contact Name	RIVER FOREST IL 60305
Primary Phone	Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Rene Maldonado	████	████	██████████	██████	███	███	█	█	█	█	█	██████████
John Swaagman	████	███	██████████	██████	███	███	█	█	█	█	█	██████████
Bernado Cardoso	████	████	██████████	██████	███	███	█	█	█	█	█	██████████

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Rene Maldonado	P	8.00	8.00	8.00	8.00	7.00	0.00	0.00	39.00	0.00		53.30	0.00		2078.00	1320.07	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 752.70 Health 863.85 Vacation 78.00 Training 99.45

John Swaagman	P	8.00	8.00	8.00	8.00	7.00	0.00	0.00	39.00	0.00		47.40	0.00		1848.60	1276.79	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 593.19 Health 664.95 Vacation 0.00 Training 35.10

Bernado Cardoso	P	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00		39.95	0.00		319.60	0.00	
	NP	8.00	8.00	0.00	8.00	8.00	8.00	5.75	32.00	13.75		28.00	42.00		1723.18	1440.05	

Pension 121.92 Health 98.40 Vacation 0.00 Training 1.20

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Dan Bos

Jun 20, 2023