



Form-4  
580866

# ON-SITE PAYROLL REPORT

New South Construction Company

Complete a Separate Form for Each Contract with New South Construction Company Inc..  
Your report is due to the Aon Insurance Administrator, identified below, no later than the 10<sup>th</sup> day of the succeeding month.  
*Complete this report even though no work was performed; enter zero (0) for the Reportable Payroll.*  
*Delay in providing this report may result in payments being withheld.*

## A. Report Identification

Period Beginning: <sup>1</sup> \_\_\_\_\_ Period Ending: <sup>2</sup> \_\_\_\_\_ Year: <sup>3</sup> \_\_\_\_\_  
Contractor: <sup>4</sup> \_\_\_\_\_  
Under Contract with: <sup>5</sup> \_\_\_\_\_  
Contract #: \_\_\_\_\_ [Click here to enter text.](#)

## B. Activity Report

a State	b Workers Compensation Class Code	c Work Description	d Man-Hours	e Gross Payroll	f Reportable Payroll *
1					
<b>TOTALS:</b>			<sup>2</sup>	<sup>3</sup>	<sup>4</sup>

\* Do not include premium (excess) overtime wages, use straight time wage rates only. You must also comply with all rules set forth by the Workers Compensation Bureau in the state in which the work is performed.

## D. Signature Block : I verify the information presented above and attachments are correct:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)  
Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**CHECK IF THIS IS YOUR LAST PAYROLL REPORT. COMPLETE AN AON FORM-5 "NOTICE OF WORK COMPLETION" AND INCLUDE WITH THIS PAYROLL REPORT.**

**Note:** Information can be submitted or uploaded on-line at [www.aonwrap.aon.com](http://www.aonwrap.aon.com). Please contact your Administration Staff to obtain a user ID and Password.

Fax or Email to: **Cathy Caputo**  
**Acs.construction@aon.com**

Phone: [Click here to enter text.](#)  
Fax: