

# RESTITUTION CONFIRMATION

This form must be submitted to confirm payment of any restitution found to be due.

Project Name \_\_\_\_\_ Project Number \_\_\_\_\_

Contractor Name \_\_\_\_\_

Employee Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Gross Amount	\$ _____	Check Number	_____
Taxes Deducted	\$ _____	Dated	_____
Net Amount	\$ _____	Issued By	_____
Dates of Infractions	_____		

Reason restitution is owed (i.e. misclassification, incorrect rate, overtime not paid, etc.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ This payment represents **net wages** after taxes were deducted. I have received a breakdown showing my tax deductions.

\_\_\_\_\_ This payment represents **gross wages** and I understand that I am responsible for my own taxes on this amount.

*I confirm that all information on this form is true and correct. I have received restitution in the amount stated and understand that my acceptance of this amount is final payment of restitution owed to me for labor services I performed on the above-identified project during the dates specified.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Corporate Officer/Owner Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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