

PIECP – QUARTERLY CONSOLIDATED STATISTICAL REPORT

(form revised 9/27/02)

Reporting Quarter Dates: _____ through _____

Name of Certificate Holder: _____

- (1) Total labor hours worked during quarter: _____ Hours
(Regular Hours + Over Time Hours)
- (2) Total number of inmates employed during quarter: _____ Total Inmates
- (3) Total quarterly gross wages paid: _____
- (4) Total quarterly contributions to Federal taxes: _____
- (5) Total quarterly contributions to State taxes: _____
- (6) Total quarterly contributions to Social Security
(FICA + Medicare) _____
- (7) Total quarterly contributions to other taxes: _____
- (8) SUB-TOTAL of taxes paid this quarter (#4 through #7): _____
- (9) Total quarterly contributions to victims' programs: _____
(Crime Victims only does not include Restitution)
- (10) Total quarterly contributions to room and board: _____
- (11) Total quarterly contributions to family support: _____
(Dependent Support + Child Support)
- (12) SUB-TOTAL of PIECP Categorical Deductions (#9 - 11): _____
- (13) Total quarterly contributions to mandatory savings: _____
- (14) Will employment or contribution figures change appreciably next quarter? If so, why?: _____

Certified correct by:

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone No: _____ Email Address: _____