

# 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
- (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 and 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: \$ \_\_\_\_\_
- (10) Total quarterly contributions to room and board: \$ \_\_\_\_\_
- (11) Total quarterly contributions to family 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:* \_\_\_\_\_