

**PIECP - CAC QUARTERLY STATISTICAL REPORT**  
**(form revised 9/27/02)**

Reporting Quarter Dates: \_\_\_\_\_ through \_\_\_\_\_

Name of Cost Accounting Center: \_\_\_\_\_

PIECP Management Model: \_\_\_\_\_

INSTITUTION Name and Address: \_\_\_\_\_

- (1) Total inmate labor hours worked during quarter: \_\_\_\_\_ Hours
- (2) Total number of inmates employed during quarter: \_\_\_\_\_ Total Inmates
- (3) Total quarterly gross wages paid: \$ \_\_\_\_\_  
    Hourly wage range \$ \_\_\_\_\_  
    (or) Piece work rate \$ \_\_\_\_\_
- (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) Since the last quarterly report, have you materially changed the scope, processes or products associated with this cost accounting center? If yes, please explain:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

*Certified correct by:* Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_