



State of New Jersey

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
PO BOX 389
TRENTON, NEW JERSEY 08625-0389

Peter Mucciolo, Jr., President and Individually, and
Tri-State Folding Partitions, Inc.

September 15, 2021

Re: PC-238-0921-ROM
33 Maple Ave Rehabilitation and fit-outs
redesigning of old school
The Friends of Teams Charter

Dear Peter Mucciolo, Jr.:

The Division of Wage and Hour Compliance conducted an inspection of your firm. It has been determined that you are in violation of Title 34 which provides that any person who violates any provision of the New Jersey Wage and Hour Law or regulations may be prosecuted, fined, and/or penalized. In addition, the Commissioner of Labor and Workforce Development has the authority to assess administrative fees based on the amount of wages assessed. As a result of our inspection, you may be liable for a Penalty or both a Penalty and Administrative Fee.

Under the provisions of N.J.S.A. 34:11-4.1, an employer is any individual, partnership, association, joint stock company, trust, corporation, the administrator or executor of the estate of a deceased individual, or the receiver, trustee, or successor of any of the same, employing any person in this State. For the purposes of this act the officers of a corporation and any agents having the management of such corporation shall be deemed to be the employers of the employees of the corporation.

Wages: If wages are assessed, the gross amount is listed on the attached Assessment Form.

Administrative Fee: If wages are assessed, an administrative fee is due. The fee is equal to a percentage of the amount of gross wages due employees and is based on your history of violations: 10% for the first violation, 18% for the second violation, and 25% for the third and subsequent violations.

Penalty: The attached Assessment Form provides a brief explanation of each violation, the section of law or regulation violated, and the penalty amount which has been assessed.

Respond to this Notice within 15 Days Following the Receipt of the Notice:

1. If you are not contesting this assessment, complete the bottom section of the Assessment Form and submit payment within 15 days following the receipt of the notice.
2. If you are contesting any portion of this assessment, you must submit a written request for a hearing. Complete the bottom section of the Assessment Form and return within 15 days following the receipt of the notice. We will schedule you for a hearing in Trenton and send you written notification regarding your hearing.

If you have questions about completing the attached form(s), contact this office Monday to Friday, 8:30 am to 4:30 pm.

Sincerely,

Marc Goldberg, Section Chief
Public Contracts Section
609-292-2259

Assessment Form

Case No. PC-238-0921-ROM

Tri-State Folding Partitions, Inc.

9/15/2021

Violation of New Jersey Statutes Annotated (N.J.S.A.) and/or New Jersey Administrative Code (N.J.A.C):

Violation	Citation No.	Penalty
Records - No Records Provided	34:11-56a20 / 12:56-4.1	1,250.00 (5 ee's x \$250)
Unpaid Wages / Late Payment	34:11-4.2	500.00 (Violation)
Failure to Pay Prevailing Wage	34:11-56.27	2,500.00 (5 ee's \$500)
Records - Inaccurate Certified Payroll	34:11-56.29 / 12:60-2.1	2,500.00 (5 ee's x \$500)
Obstruction / Hindering	34:11-56.35	2,500.00 (5 ee's x \$500)

Assessments:

Wages	\$6,482.46
Administrative Fee (25% of Wages)	\$1,620.62
Penalty	\$9,250.00

Instructions

1. Payment of Wages: Pay employees directly and provide employees with a statement of deductions. Enter the deductions and net amount for each employee on the Wages Due Form. Submit copies of the cancelled employee checks and corresponding statement of deductions to this office as proof of payment. Any withholdings should be remitted to the proper taxing agencies.

If a former employee's check is returned to you as undeliverable, add "...or Commissioner of LWD" after the employee's name on the "Pay to the Order of" line. Forward the returned check and statement of deductions to the Division of Wage and Hour Compliance to be held in trust for that employee. Include case number on each check.

2. Payment of the Administrative Fee and/or Penalty: Make check payable to the Commissioner of Labor and Workforce Development. Include case number on check.

3. Check the appropriate box below and detach bottom portion of form. Mail completed forms, cancelled employee checks and corresponding statement of deductions, and payment to:

Division of Wage and Hour Compliance
PO Box 389
Trenton, NJ 08625-0389
Fax (609) 695-1174

-----X-----**Detach and Return to Division of Wage and Hour Compliance**-----X-----

Case No. PC-238-0921-ROM
9/15/2021

Peter Mucciolo, Jr., President and Individually, and
Tri-State Folding Partitions, Inc.



- I am submitting payment for the Administrative Fee and/or Penalty. If wages are due, I have paid employees directly and provided employees with a statement of deductions. I have completed the Wages Due Form listing the deductions and net amount for each employee. I am submitting copies of the cancelled employee checks and corresponding statement of deductions as proof of payment. Any withholdings have been remitted to the proper taxing agencies.
- I am contesting the Wages, Administrative Fee, and/or Penalty, and I am requesting a hearing to discuss my case because (explain briefly):

Print Name: _____

Phone: _____

Title: _____

Fax: _____

Signature: _____

Date: _____

Email: _____

Wages Due Form

Peter Mucciolo, Jr., President and Individually, and
Tri-State Folding Partitions, Inc.

Case No. PC-238-0921-ROM
9/15/2021

If any employee's personal information is missing or incorrect, please provide missing information and/or make the necessary corrections. If the last four digits of the SSN is missing or incorrect, provide the entire SSN.

Pay employees directly and provide employees with a statement of deductions. Enter the deductions and net amount for each employee. Submit this completed form and copies of the cancelled employee checks and corresponding statement of deductions to this office as proof of payment. Any withholdings should be remitted to the proper taxing agencies.

Print Name: _____ Phone: _____

Title: _____ Total Net Wages: _____

Signature: _____ Total # of Wage Checks: _____ Date: _____

Employee Name and Mailing Address	SSN	Gross Amount	Deductions	Net Amount
2. Cody [REDACTED] Employee No. 501875	XXX-XX-	\$1,240.19		
3. Daniel [REDACTED] Employee No. 501876	XXX-XX-	\$3,412.26		
4. Peter [REDACTED] Employee No. 501877	XXX-XX-	\$262.57		
5. Dylan [REDACTED] Employee No. 501878	XXX-XX-	\$634.48		
6. Michael [REDACTED] Employee No. 501879	XXX-XX-	\$932.96		

Total: \$6,482.46



State of New Jersey

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
PO BOX 389
TRENTON, NEW JERSEY 08625-0389

Peter Mucciolo, Jr., President and Individually, and
Tri-State Folding Partitions, Inc.

September 15, 2021

Re: PC-237-0921-ROM
folding Partitions
folding Partitions/ Bleachers
Montclair BOE

Dear Peter Mucciolo, Jr.:

The Division of Wage and Hour Compliance conducted an inspection of your firm. It has been determined that you are in violation of Title 34 which provides that any person who violates any provision of the New Jersey Wage and Hour Law or regulations may be prosecuted, fined, and/or penalized. In addition, the Commissioner of Labor and Workforce Development has the authority to assess administrative fees based on the amount of wages assessed. As a result of our inspection, you may be liable for a Penalty or both a Penalty and Administrative Fee.

Under the provisions of N.J.S.A. 34:11-4.1, an employer is any individual, partnership, association, joint stock company, trust, corporation, the administrator or executor of the estate of a deceased individual, or the receiver, trustee, or successor of any of the same, employing any person in this State. For the purposes of this act the officers of a corporation and any agents having the management of such corporation shall be deemed to be the employers of the employees of the corporation.

Wages: If wages are assessed, the gross amount is listed on the attached Assessment Form.

Administrative Fee: If wages are assessed, an administrative fee is due. The fee is equal to a percentage of the amount of gross wages due employees and is based on your history of violations: 10% for the first violation, 18% for the second violation, and 25% for the third and subsequent violations.

Penalty: The attached Assessment Form provides a brief explanation of each violation, the section of law or regulation violated, and the penalty amount which has been assessed.

Respond to this Notice within 15 Days Following the Receipt of the Notice:

1. If you are not contesting this assessment, complete the bottom section of the Assessment Form and submit payment within 15 days following the receipt of the notice.
2. If you are contesting any portion of this assessment, you must submit a written request for a hearing. Complete the bottom section of the Assessment Form and return within 15 days following the receipt of the notice. We will schedule you for a hearing in Trenton and send you written notification regarding your hearing.

If you have questions about completing the attached form(s), contact this office Monday to Friday, 8:30 am to 4:30 pm.

Sincerely,

Marc Goldberg, Section Chief
Public Contracts Section
609-292-2259

Assessment Form

Case No. PC-237-0921-ROM

Tri-State Folding Partitions, Inc.

9/15/2021

Violation of New Jersey Statutes Annotated (N.J.S.A.) and/or New Jersey Administrative Code (N.J.A.C):

Violation	Citation No.	Penalty
Records - No Records Provided	34:11-56a20 / 12:56-4.1	1,250.00 (5 ee's x \$250)
Unpaid Wages / Late Payment	34:11-4.2	500.00 (Violation)
Failure to Pay Prevailing Wage	34:11-56.27	2,500.00 (5 ee's x \$500)
Records - Inaccurate Certified Payroll	34:11-56.29 / 12:60-2.1	2,500.00 (Violation)
Obstruction / Hindering	34:11-56.35	2,500.00 (Violation)

Assessments:

Wages	\$2,304.68
Administrative Fee (25% of Wages)	\$576.17
Penalty	\$9,250.00

Instructions

- 1. Payment of Wages:** Pay employees directly and provide employees with a statement of deductions. Enter the deductions and net amount for each employee on the Wages Due Form. Submit copies of the cancelled employee checks and corresponding statement of deductions to this office as proof of payment. Any withholdings should be remitted to the proper taxing agencies.

If a former employee's check is returned to you as undeliverable, add "...or Commissioner of LWD" after the employee's name on the "Pay to the Order of" line. Forward the returned check and statement of deductions to the Division of Wage and Hour Compliance to be held in trust for that employee. Include case number on each check.

- 2. Payment of the Administrative Fee and/or Penalty:** Make check payable to the Commissioner of Labor and Workforce Development. Include case number on check.
- 3. Check the appropriate box below and detach bottom portion of form.** Mail completed forms, cancelled employee checks and corresponding statement of deductions, and payment to:

Division of Wage and Hour Compliance
 PO Box 389
 Trenton, NJ 08625-0389
 Fax (609) 695-1174

-----X-----**Detach and Return to Division of Wage and Hour Compliance**-----X-----

Case No. PC-237-0921-ROM
 9/15/2021

Peter Mucciolo, Jr., President and Individually, and
 Tri-State Folding Partitions, Inc.



- I am submitting payment for the Administrative Fee and/or Penalty. If wages are due, I have paid employees directly and provided employees with a statement of deductions. I have completed the Wages Due Form listing the deductions and net amount for each employee. I am submitting copies of the cancelled employee checks and corresponding statement of deductions as proof of payment. Any withholdings have been remitted to the proper taxing agencies.
- I am contesting the Wages, Administrative Fee, and/or Penalty, and I am requesting a hearing to discuss my case because (explain briefly):

Print Name: _____

Phone: _____

Title: _____

Fax: _____

Signature: _____

Date: _____

Email: _____

Wages Due Form

Peter Mucciolo, Jr., President and Individually, and
Tri-State Folding Partitions, Inc.

Case No. PC-237-0921-ROM
9/15/2021

If any employee's personal information is missing or incorrect, please provide missing information and/or make the necessary corrections. If the last four digits of the SSN is missing or incorrect, provide the entire SSN.

Pay employees directly and provide employees with a statement of deductions. Enter the deductions and net amount for each employee. Submit this completed form and copies of the cancelled employee checks and corresponding statement of deductions to this office as proof of payment. Any withholdings should be remitted to the proper taxing agencies.

Print Name: _____ Phone: _____

Title: _____ Total Net Wages: _____

Signature: _____ Total # of Wage Checks: _____ Date: _____

Employee Name and Mailing Address	SSN	Gross Amount	Deductions	Net Amount
1. Steven [REDACTED] [REDACTED] Employee No. 501834	XXX-XX-	\$437.57		
2. Vincent [REDACTED] [REDACTED] Employee No. 501835	XXX-XX-	\$393.82		
3. Cody [REDACTED] [REDACTED] Employee No. 501836	XXX-XX-	\$341.32		
5. Peter [REDACTED] [REDACTED] Employee No. 501837	XXX-XX-	\$262.57		
6. Paul [REDACTED] [REDACTED] Employee No. 501838	XXX-XX-	\$869.40		

Total: \$2,304.68



State of New Jersey

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
PO BOX 389
TRENTON, NEW JERSEY 08625-0389

Peter Mucciolo, Iii, Vice-President and Individually, and
Tri-State Folding Partitions, Inc.

September 15, 2021

Re: PC-237-0921-ROM
folding Partitions
folding Partitions/ Bleachers
Montclair BOE

Dear Peter Mucciolo, Iii:

The Division of Wage and Hour Compliance conducted an inspection of your firm. It has been determined that you are in violation of Title 34 which provides that any person who violates any provision of the New Jersey Wage and Hour Law or regulations may be prosecuted, fined, and/or penalized. In addition, the Commissioner of Labor and Workforce Development has the authority to assess administrative fees based on the amount of wages assessed. As a result of our inspection, you may be liable for a Penalty or both a Penalty and Administrative Fee.

Under the provisions of N.J.S.A. 34:11-4.1, an employer is any individual, partnership, association, joint stock company, trust, corporation, the administrator or executor of the estate of a deceased individual, or the receiver, trustee, or successor of any of the same, employing any person in this State. For the purposes of this act the officers of a corporation and any agents having the management of such corporation shall be deemed to be the employers of the employees of the corporation.

Wages: If wages are assessed, the gross amount is listed on the attached Assessment Form.

Administrative Fee: If wages are assessed, an administrative fee is due. The fee is equal to a percentage of the amount of gross wages due employees and is based on your history of violations: 10% for the first violation, 18% for the second violation, and 25% for the third and subsequent violations.

Penalty: The attached Assessment Form provides a brief explanation of each violation, the section of law or regulation violated, and the penalty amount which has been assessed.

Respond to this Notice within 15 Days Following the Receipt of the Notice:

1. If you are not contesting this assessment, complete the bottom section of the Assessment Form and submit payment within 15 days following the receipt of the notice.
2. If you are contesting any portion of this assessment, you must submit a written request for a hearing. Complete the bottom section of the Assessment Form and return within 15 days following the receipt of the notice. We will schedule you for a hearing in Trenton and send you written notification regarding your hearing.

If you have questions about completing the attached form(s), contact this office Monday to Friday, 8:30 am to 4:30 pm.

Sincerely,

Marc Goldberg, Section Chief
Public Contracts Section
609-292-2259

Assessment Form

Case No. PC-237-0921-ROM

Tri-State Folding Partitions, Inc.

9/15/2021

Violation of New Jersey Statutes Annotated (N.J.S.A.) and/or New Jersey Administrative Code (N.J.A.C):

Violation	Citation No.	Penalty
Records - No Records Provided	34:11-56a20 / 12:56-4.1	1,250.00 (5 ee's x \$250)
Unpaid Wages / Late Payment	34:11-4.2	500.00 (Violation)
Failure to Pay Prevailing Wage	34:11-56.27	2,500.00 (5 ee's x \$500)
Records - Inaccurate Certified Payroll	34:11-56.29 / 12:60-2.1	2,500.00 (Violation)
Obstruction / Hindering	34:11-56.35	2,500.00 (Violation)

Assessments:

Wages	\$2,304.68
Administrative Fee (25% of Wages)	\$576.17
Penalty	\$9,250.00

Instructions

1. **Payment of Wages:** Pay employees directly and provide employees with a statement of deductions. Enter the deductions and net amount for each employee on the Wages Due Form. Submit copies of the cancelled employee checks and corresponding statement of deductions to this office as proof of payment. Any withholdings should be remitted to the proper taxing agencies.

If a former employee's check is returned to you as undeliverable, add "...or Commissioner of LWD" after the employee's name on the "Pay to the Order of" line. Forward the returned check and statement of deductions to the Division of Wage and Hour Compliance to be held in trust for that employee. Include case number on each check.

2. **Payment of the Administrative Fee and/or Penalty:** Make check payable to the Commissioner of Labor and Workforce Development. Include case number on check.

3. **Check the appropriate box below and detach bottom portion of form.** Mail completed forms, cancelled employee checks and corresponding statement of deductions, and payment to:

Division of Wage and Hour Compliance
PO Box 389
Trenton, NJ 08625-0389
Fax (609) 695-1174

-----X-----**Detach and Return to Division of Wage and Hour Compliance**-----X-----

Case No. PC-237-0921-ROM
9/15/2021

Peter Mucciolo, Iii, Vice-President and Individually, and



I am submitting payment for the Administrative Fee and/or Penalty. If wages are due, I have paid employees directly and provided employees with a statement of deductions. I have completed the Wages Due Form listing the deductions and net amount for each employee. I am submitting copies of the cancelled employee checks and corresponding statement of deductions as proof of payment. Any withholdings have been remitted to the proper taxing agencies.

I am contesting the Wages, Administrative Fee, and/or Penalty, and I am requesting a hearing to discuss my case because (explain briefly):

Print Name: _____

Phone: _____

Title: _____

Fax: _____

Signature: _____

Date: _____

Email: _____

Wages Due Form

Peter Mucciolo, Iii, Vice-President and Individually, and
Tri-State Folding Partitions, Inc.

Case No. PC-237-0921-ROM
9/15/2021

If any employee's personal information is missing or incorrect, please provide missing information and/or make the necessary corrections. If the last four digits of the SSN is missing or incorrect, provide the entire SSN.

Pay employees directly and provide employees with a statement of deductions. Enter the deductions and net amount for each employee. Submit this completed form and copies of the cancelled employee checks and corresponding statement of deductions to this office as proof of payment. Any withholdings should be remitted to the proper taxing agencies.

Print Name: _____ Phone: _____

Title: _____ Total Net Wages: _____

Signature: _____ Total # of Wage Checks: _____ Date: _____

Employee Name and Mailing Address	SSN	Gross Amount	Deductions	Net Amount
1. Steven [REDACTED] [REDACTED] Employee No. 501834	XXX-XX-	\$437.57		
2. Vincent [REDACTED] [REDACTED] Employee No. 501835	XXX-XX-	\$393.82		
3. Cody [REDACTED] [REDACTED] Employee No. 501836	XXX-XX-	\$341.32		
5. Peter [REDACTED] [REDACTED] Employee No. 501837	XXX-XX-	\$262.57		
6. Paul [REDACTED] [REDACTED] Employee No. 501838	XXX-XX-	\$869.40		

Total: \$2,304.68