

## Sample Reports

To view a particular report click the report below.

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR

ADDRESS

OMB No.: ~~FGH-1000~~  
Expires: ~~03/31/2011~~

PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date \_\_\_\_\_

I, \_\_\_\_\_  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

\_\_\_\_\_ on the  
(Contractor or Subcontractor)

\_\_\_\_\_;  
(Building or Work)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_ from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

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

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the  
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide  
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of  
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a  
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

– in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such  
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

– Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE  
31 OF THE UNITED STATES CODE.



Alaska Department of Labor & Workforce  
Development  
Labor Standards & Safety Division  
Wage & Hour Administration

# CERTIFIED PAYROLL

Contractor Name <input type="checkbox"/> Contractor <input type="checkbox"/> SubContractor										Address																	
Phone		Contractor License No.		Week Ending			Payroll No.		Contracting Agency Project #		Dept. Labor Project #		Project Name and Location				Contract Amount		Date Work Started		Est. Completion Date						
Name, SSN, Permanent Domicile Address (NO P.O. BOX or RURAL ROUTES ACCEPTED) and Mailing Address (if different) for each employee  <b>Social Security numbers MUST be included for all employees</b>		Specific Work Class Code including certificate #'s for Electricians, Plumbers, Painters, Powderman, Asbestos Workers. Truck drivers include truck license number		Apprenticeship (%) if Applicable		Union Membership? If NONE put N/A		OT ST FB		Date of the Month				Total Hours Worked		Hourly Rate Paid		Gross Amount Earned		DEDUCTIONS					Total Deductions	Net Amount Paid	Check No. Issued
										Day of the Week										FICA	FED W/H TAX	ESD	UNION DUES	OTHER (EXPLAIN) Garnish or Medical Insurance			
		Classification Code:						OT																			
		Classification:						ST																			
		Certificate # Truck License #						FB																			
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		Classification:						ST																			
		Certificate # Truck License #						FB																			

# STATEMENT OF COMPLIANCE

**CERTIFIED PAYROLL FORM 07-6058**

**Contractors & Subcontractors Please Note!!!**

**SSN MUST be listed for each employee on payroll**

8 AAC 30.020 CERTIFIED PAYROLL. (a) All Contractors (including owner/operators) who perform work on a public construction contract for the state or political subdivision of the state shall file with the Department a certified payroll (Form 07-6058) before Friday of each week that covers the preceding week.

(b) The certified payroll shall be submitted to the Department's regional office in which the work is performed.

Region I, North of N63°	Region II, South of N63°	Region IIA, Southeast Alaska, (From Yakutat south)
Labor Standards & Safety Div, DOLWD 675 7th Ave., Station J-1 Fairbanks, AK 99701-4593 (907) 451-2886 Fax: (907) 451-2885	Labor Standards & Safety Div, DOLWD 3301 Eagle Street, Suite 301 Anchorage, AK 99503-4149 (907) 269-4900 Fax: (907) 269-4915	Labor Standards & Safety, DOLWD P. O. Box 111149 1111 W. 8th Street, Rm 302 Juneau, AK 99811-1149 (907) 465-4842 Fax: (907) 465-3584

In lieu of submitting Form 07-6058, contractors may submit his/her payroll form **THE FORM MUST CONTAIN SOCIAL SECURITY NUMBERS FOR EACH EMPLOYEE.**

The contractor's payroll record must contain the same information required on this form.

Sec. 35.05.040 requires that all contractors or subcontractors who perform work on a public construction contract for the state or a political subdivision of the state shall **BEFORE FRIDAY OF EACH WEEK**, file with the Department of Labor and Workforce Development (DOLWD), a sworn affidavit for the previous week, setting out in detail the number of workers employed, wages paid each week, job classification of each employee, hours worked each day and week, and other information which the DOLWD requires.

**CONTRACTORS WHO DISREGARD THEIR OBLIGATIONS TO THEIR EMPLOYEES, INCLUDING PAYMENT OF THE APPROPRIATE PREVAILING RATES OF PAY, UNCONDITIONAL PAYMENT AND PAYMENT NOT LESS THAN ONCE A WEEK MAY BE DEBARRED FROM PUBLIC CONSTRUCTION.**

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

(2) That \_\_\_\_\_  
(Contractor / Subcontractor)

I \_\_\_\_\_ do hereby state  
(Name of Signatory Party) (Title)

is in full compliance with the provisions set forth in AS 36.10, which requires employment preference for Alaska residents as outlined in AS 36.95.010; and

(1) That I pay or supervise the payment of persons employed by \_\_\_\_\_ on the \_\_\_\_\_  
(Contractor / Subcontractor)

(3) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete;

\_\_\_\_\_ ; that during the payroll \_\_\_\_\_  
(Building or Work)

that the wage rates for laborers, mechanics or field surveyors contained herein are not less than the current applicable wage rates established by the DOLWD; that the classification set forth therein for each laborer, mechanic or field surveyor conforms with the work performed; and

period commencing on \_\_\_\_\_, and ending on \_\_\_\_\_  
(date)

(4) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such agency exists in the State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor; or

\_\_\_\_\_, all persons employed on said project have \_\_\_\_\_  
(date)

been paid full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said \_\_\_\_\_  
(Contractor / Subcontractor)

from the full weekly wages earned by a person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions, on projects covered by Alaska Statute 36 as defined in regulations issued by the Commissioner of Labor; or on Federal Projects as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948; 63 Stat. 108; 72 Stat. 967; 76 Stat. 357; 40 USC 276 (c), and described below:

and;

(5) That I am a bona fide owner/operator and that my contract amount meets or exceeds the prevailing wage for each hour I have worked. My last progress payment was received on \_\_\_\_\_ For \_\_\_\_\_

(6) That where fringe benefits are paid to approved plans, funds or programs: (check all applicable items)

(a) In addition to the basic hourly wage rates paid to each laborer, mechanic or field surveyor listed on this payroll, payments of fringe benefits as currently published by DOLWD have been or will be made to a union trust.

(b) In addition to the basic hourly wage rates paid to each laborer, mechanic or field surveyor listed on this payroll, payments of fringe benefits as currently published by DOLWD have been or will be made to the appropriate programs for the benefit of such workers, except as noted in Section 6(d) below. Fringe benefit payments will be made at least monthly to an approved plan. The name of the plan is: \_\_\_\_\_

(c) Each laborer, mechanic or field surveyor listed on this payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as currently published by DOLWD, except as noted in Section 6(d).

(d) Exceptions:

Exception (Craft)	Explanation
Remarks:	

The willful falsification of any of the above information may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of the United States Code. Also see AS 36.05.060.

\_\_\_\_\_  
**Signature (original signature required)**

\_\_\_\_\_  
**Name & Title (print or type)**



# PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR: OR SUBCONTRACTOR:	CONTRACTOR'S LICENSE NO.:	ADDRESS:
	SPECIALITY LICENSE NO.:	

PAYROLL NO.:	FOR WEEK ENDING:	SELF-INSURED CERTIFICATE NO.:	PROJECT OR CONTRACT NO.:
	(4) DAY (5) (6)	WORKERS' COMPENSATION POLICY NO.:	PROJECT AND LOCATION:

(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITH- HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY							(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED		(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS							(9) NET WGS PAID FOR WEEK		CHECK NO.				
			DATE									THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION	NET WGS PAID FOR WEEK	CHECK NO.					
			HOURS WORKED EACH DAY																					TRAING.	FUND ADMIN	DUES	TRAV/ SUBS.
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**STATEMENT OF COMPLIANCE**

CONTRACTOR/SUBCONTRACTOR	CONTRACT NUMBER
FIRST DAY AND DATE OF PAY PERIOD	LAST DAY AND DATE OF PAY PERIOD

I do hereby certify under penalty of perjury:

- (1) That I pay or supervise payment to employees of the above-referenced contractor on the above-referenced contract. All persons employed on said project for the above-referenced time period have been paid their full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said contractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions.
- (2) That any payrolls otherwise under this control required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates:
  - (a)  Specified in the applicable wage determination incorporated into the contract;
  - (b)  Determined by the Director of Industrial Relations for the county or counties in which the work is performed; that the classification set forth therein for each laborer or mechanic conform with the work he or she performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.
- (4) That fringe benefits as listed in the content:
  - (a)  Have been or will be paid to the approved plan(s), fund(s), or program(s) for the benefit of listed employee(s), except as noted below.
  - (b)  Have been paid directly to the listed employee(s), except as noted below.
  - (c)  See exceptions noted below.

EXCEPTION CRAFT	EXPLANATION

REMARKS:

NAME (PLEASE PRINT)	TITLE
SIGNATURE	DATE

On federally-funded projects, permissible deductions are defined in title 29, Code of Federal Regulations, part 3, issued by the Secretary of Labor under the Copeland Act, (40 U. S. C. 276c).

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (See section 1001 of title 18 and section 3729 of title 31 of the United States Code).



**NOTICE TO PUBLIC ENTITY**  
**For Privacy Considerations**

**Fold back along dotted line prior to copying for release to general public (private persons).**

(Paper Size then 8-1/2 x 11 inches)

I, \_\_\_\_\_, the undersigned, am the  
(Name – print)

\_\_\_\_\_ with the authority to act for and on behalf of  
(Position in business)

\_\_\_\_\_, certify under penalty of perjury  
(Name of business and/or contractor)

that the records or copies thereof submitted and consisting of \_\_\_\_\_  
(Description, number of pages)

are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

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

A public entity may require a stricter and/or more extensive form of certification.

## PUBLIC WORKS CONTRACT AWARD INFORMATION

Contract award information must be sent to your Apprenticeship Committee if you are approved to train. If you are not approved to train, you must send the information (which may be this form) to ALL applicable Apprenticeship Committees in your craft or trade in the area of the site of the public work. Go to: <http://www.dir.ca.gov/das/PublicWorksForms.htm> for information about programs in your area and trade. You may also consult your local Division of Apprenticeship Standards (DAS) office whose telephone number may be found in your local directory under California, State of, Industrial Relations, Division of Apprenticeship Standards.

### Do not send this form to the Division of Apprenticeship Standards.

NAME OF YOUR COMPANY	CONTRACTOR'S STATE LICENSE NO
MAILING ADDRESS- NUMBER & STREET, CITY, ZIP CODE	AREA CODE & TELEPHONE NO.
NAME & ADDRESS OF PUBLIC WORKS PROJECT	DATE YOUR CONTRACT EXECUTED
	DATE OF EXPECTED OR ACTUAL START OF PROJECT
NAME & ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT	ESTIMATED NUMBER OF JOURNEYMEN HOURS
	OCCUPATION OF APPRENTICE
THIS FORM IS BEING SENT TO: (NAME & ADDRESS OF APPRENTICESHIP PROGRAM(S))	ESTIMATED NUMBER OF APPRENTICE HOURS
	APPROXIMATE DATES TO BE EMPLOYED

### ***This is not a request for dispatch of apprentices.***

*Contractors must make a separate request for actual dispatch, in accordance with Section 230.1(a) California Code of Regulations*

#### Check One Of The Boxes Below

1.  We are already approved to train apprentices by the \_\_\_\_\_  
Apprenticeship Committee. We will employ and train under their Standards.      Enter name of the Committee
  
2.  We will comply with the standards of \_\_\_\_\_  
Apprenticeship Committee for the duration of this job only.      Enter name of the Committee
  
3.  We will employ and train apprentices in accordance with the California Apprenticeship Council regulations, including § 230.1 (c) which requires that apprentices employed on public projects can only be assigned to perform work of the craft or trade to which the apprentice is registered and that the apprentices must at all times work with or under the direct supervision of journeyman/men.

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

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

**State of California - Department of Industrial Relations DIVISION  
OF APPRENTICESHIP STANDARDS**



# REQUEST FOR DISPATCH OF AN APPRENTICE – DAS 142 FORM

DO NOT SEND THIS FORM TO DAS

You may use this form to request dispatch of an apprentice from the Apprenticeship Committee in the craft or trade in the area of the public work. Go to: <http://www.dir.ca.gov/DAS/PublicWorksForms.htm> for information about programs in your area and trade. You may also consult your local Division Apprenticeship Standards (DAS) office whose telephone number may be found in your local directory under California, State of, Industrial Relations, Division of Apprenticeship Standards. **To comply with 8 CCR 230.1, for projects with 40 hours or more of journeyman work, contractors must request & employ apprentices in no less than 8 hour increments. For projects with less than 40 hours, a request for dispatch must be made for the number of hours required.**

<b>Date:</b> _____	<b>Contractor Requesting Dispatch:</b>
<b>To Applicable Apprenticeship Committee:</b>	<b>Name:</b> _____
<b>Name:</b> _____	<b>Address:</b> _____
<b>Address:</b> _____	_____
_____	<b>License No.</b> _____
<b>Tel. No.</b> _____ <b>Fax No.</b> _____	<b>Tel. No.</b> _____ <b>Fax No.</b> _____

**Project Information:**

**Contract No.** \_\_\_\_\_

**Name of the Project:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dispatch Request Information:**

**Number of Apprentice(s) Needed:** \_\_\_\_\_ **Craft or Trade:** \_\_\_\_\_

**Date Apprentice(s) to Report:** \_\_\_\_\_ (72 hrs. notice required) **Time to Report:** \_\_\_\_\_

**Name of Person to Report to:** \_\_\_\_\_

**Address to Report to:** \_\_\_\_\_

\_\_\_\_\_

You may use this form to make your written request for the dispatch of an apprentice. Requests for dispatch must be in writing and submitted at least 72 hours in advance (excluding weekends and holidays) via either first class mail, fax or email. **Proof of submission may be required.** Please take note of California Code of Regulations, Title 8, § 230.1 (a) for all applicable requirements regarding apprenticeship requests and/or visit <http://www.dir.ca.gov/DAS/DASApprenticesOnPublicWorksSummaryOfRequirements.htm>

DAS 142 (Revised 03/12)



**STATEMENT OF COMPLIANCE**

CEM-2503 (REV 8/1996)

CONTRACTOR/SUBCONTRACTOR	CONTRACT NUMBER
FIRST DAY AND DATE OF PAY PERIOD	LAST DAY AND DATE OF PAY PERIOD

I do hereby certify under penalty of perjury:

- (1) That I pay or supervise payment to employees of the above-referenced contractor on the above-referenced contract. All persons employed on said project for the above-referenced time period have been paid their full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said contractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions.
- (2) That any payrolls otherwise under this control required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates:
  - (a)  Specified in the applicable wage determination incorporated into the contract;
  - (b)  Determined by the Director of Industrial Relations for the county or counties in which the work is performed; that the classification set forth therein for each laborer or mechanic conform with the work he or she performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.
- (4) That fringe benefits as listed in the contract:
  - (a)  Have been or will be paid to the approved plan(s), fund(s), or program(s) for the benefit of listed employee(s), except as noted below.
  - (b)  Have been paid directly to the listed employee(s), except as noted below.
  - (c)  See exceptions noted below.

EXCEPTION CRAFT	EXPLANATION

REMARKS:

NAME (PLEASE PRINT.)	TITLE
SIGNATURE	DATE

On federally-funded projects, permissible deductions are defined in title 29, Code of Federal Regulations, part 3, issued by the Secretary of Labor under the Copeland Act, (40 U. S. C. 276c).

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (See section 1001 of title 18 and section 3729 of title 31 of the United States Code).

State of California  
 Department of Industrial Relations  
 California Apprenticeship Council  
 P.O. Box 420603  
 San Francisco, CA 94142

## TRAINING FUND CONTRIBUTIONS

Please use a separate form for each jobsite, listing the occupations for the jobsite. One check payable to the California Apprenticeship Council may be submitted for all jobsites and/or occupations. Training fund contributions are not accepted by the California Apprenticeship Council for federal public works projects, or for non-apprenticeable occupations such as utility technicians, lead abatement worker, etc

### California Apprenticeship Council

NAME AND ADDRESS OF CONTRACTOR/SUB CONTRACTOR MAKING CONTRIBUTION	CONTRACTOR'S LICENSE NUMBER				
	CONTRACT OR PROJECT NUMBER				
	JOBSITE LOCATION (INCLUDE COUNTY) IF APPLICABLE - GIVE NAME OF SCHOOL, HOSPITAL, BUILDING, etc.				
NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT	PERIOD COVERED BY CONTRIBUTION (FROM - TO)				
CLASSIFICATIONS OF WORKERS (CARPENTER, PLUMBER, ELECTRICIAN, ETC).	COUNTY WORK PERFORMED IN	HOURS	CONTRIBUTION RATE PER HOUR	AMOUNT	
Total					
SIGNATURE PLEASE TYPE OR PRINT YOUR NAME					DATE
TITLE					AREA CODE & TELEPHONE NUMBER



### Statement of Compliance

Date \_\_\_\_\_

I \_\_\_\_\_ do hereby state:  
(Name of Signatory party) (Title)

(1) That I pay or supervise the payments of the persons employed by

\_\_\_\_\_ on the \_\_\_\_\_  
(Contractor or Subcontractor) (Building or work)  
that during the payroll period commencing on the \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_ and ending the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, all persons employed on said project have been paid the full weekly earned, that no rebates have been or will be made wither directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFP Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat.976.76 Stat 357: 40 U.S.C. 276c), as described below:

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

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete: that the wage rates for laborers or mechanics contained therein are not less that the applicable wage rates contained in any wage determination incorporate into the contract: that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship training, United States Department of Labor.

(4) That:

a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUND OR PROGRAMS  
\_\_\_\_\_ In addition to the basic hour wage rates paid to each laborer or mechanic listed in the above referenced payroll, payment of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4B below.

b) WHERE FRINGE BENEFITS ARE PAID IN CASH  
\_\_\_\_\_ Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4C below.

c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
_____	_____
_____	_____
_____	_____

(Remarks)

Name and Title

**SIGNATURE**

**THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF THE UNITED STATES CODE.**

Colorado Department of Transportation  
**CONTRACTOR WAGE COMPLIANCE STATEMENT**

Project Code:

Project Number:

Project Location:

**Contractors/subcontractors**

**Completion of the payroll supervisor appointment and perjury statement is required by the U.S. Department of Labor and is included on the back of this form.** Contractors/subcontractors are required to pay weekly; complete both sides of this form in full and attach to each payroll for the seven day payroll period. Prime contractors are required to submit the forms within seven days of the weekly payroll period to the project engineer; subcontractors submit forms for review to the prime contractor prior to submission to CDOT. The prime contractor is responsible for subcontractor payroll submittal and compliance; by submittal of subcontractor payrolls, the prime contractor certifies that they have reviewed the submittal for compliance.

Contractor/subcontractor name	Payroll number	Payroll period	to
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**Fringe benefit information:**

Name(s)/addresses of fringe benefit administrator(s):

Contact person and phone number(s):

Contributions are made in cash or to the plans, funds or programs described below at least quarterly. There are no past due deposits. List the value of the fringe amount as the dollar amount per hour. Documentation of calculations used to determine hourly rates shall be available upon request. Please attach additional information as necessary if fringe contributions vary by employee.

- |   |   |
|---|---|
| <input type="checkbox"/> cash _____             | <input type="checkbox"/> pension _____          |
| <input type="checkbox"/> health insurance _____ | <input type="checkbox"/> vacation _____         |
| <input type="checkbox"/> dental insurance _____ | <input type="checkbox"/> holiday _____          |
| <input type="checkbox"/> life insurance _____   | <input type="checkbox"/> other (describe) _____ |

All on-the-job trainees (OJTs) employed in the above period are registered in and paid according to a bona fide training program approved by the Colorado Department of Transportation and the Federal Highway Administration. Each trainee has also been approved for work on this contract.

I declare under penalty of perjury in the second degree, and any other State or Federal laws that the statements made in this document are true and complete to the best of my knowledge.

Contractor/subcontractor payroll supervisor or signatory party	Date
--	------

Date	(Name of signatory party) I,	(Title)	do hereby state:
------	---------------------------------	---------	------------------

(1) That I pay or supervise the payment of the persons employed by  
 (Contractor or Subcontractor) on the (Building or work) ;

that during the payroll period commencing on the  
 day of Month Year and ending the day of Month Year

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  
 (Contractor or Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

- (4) That:
- (a) WHERE FRINGES BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
    - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.
  - (b) WHERE FRINGES BENEFITS ARE PAID IN CASH
    - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
  - (c) EXCEPTIONS

Exception (craft)	Explanation

**Remarks**

Name and Title	Signature
----------------	-----------

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.										<b>PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS</b>										Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109				
WEEKLY PAYROLL										CONTRACTOR NAME AND ADDRESS:					SUBCONTRACTOR NAME & ADDRESS					WORKER'S COMPENSATION INSURANCE CARRIER				
PAYROLL NUMBER		Week-Ending Date		PROJECT NAME & ADDRESS						POLICY #					EFFECTIVE DATE: EXPIRATION DATE:									
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE						Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY					
				HOURS WORKED EACH DAY										Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH	FICA	FEDERAL WITH-HOLDING			STATE WITH-HOLDING	LIST OTHER			
Trade License Type & Number - OSHA 10 Certification Number																								
											Base Rate	1. 2. 3. 4. 5. 6.												
											Cash Fringe	1. 2. 3. 4. 5. 6.												
											Base Rate	1. 2. 3. 4. 5. 6.												
											Cash Fringe	1. 2. 3. 4. 5. 6.												
											Base Rate	1. 2. 3. 4. 5. 6.												
											Cash Fringe	1. 2. 3. 4. 5. 6.												

**\*FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker’s compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care \_\_\_\_\_ 4) Disability \_\_\_\_\_
- 2) Pension or retirement \_\_\_\_\_ 5) Vacation, holiday \_\_\_\_\_
- 3) Life Insurance \_\_\_\_\_ 6) Other (please specify) \_\_\_\_\_

**CERTIFIED STATEMENT OF COMPLIANCE**

For the week ending date of \_\_\_\_\_,

I, \_\_\_\_\_ of \_\_\_\_\_, (hereafter known as Employer) in my capacity as \_\_\_\_\_ (title) do hereby certify and state:

**Section A:**

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker’s compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.

\_\_\_\_\_ (Signature)                      \_\_\_\_\_ (Title)                      \_\_\_\_\_ Submitted on (Date)

CONTRACTORS CERTIFIED PAYROLL FORM

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>					ADDRESS											
PAYROLL NO.			FOR WEEK ENDING			PROJECT AND LOCATION					PROJECT OR CONTRACT NO					
(1) Name, Address, and Last four (4) digits of Social Security Number of Employee	(2) Work Classification	(3) DAY AND DATE					(4) Total Hours	(5) Rate of pay	(6) Gross Amount Earned	(7) Deductions					(8) Net Wages Paid For Week	
										FICA	With Holding Tax			Other		Total Deduct- ions
		HOURS WORKED EACH DAY														
		O														
		S														
		O														
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DATE \_\_\_\_\_

I, \_\_\_\_\_  
(Name of signatory party) (Title)

do hereby state:

1. That I pay or supervise the payment of persons employed by  
\_\_\_\_\_ on the  
(Contractor or Subcontractor)

\_\_\_\_\_  
(public project)

that during the payroll period commencing on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_ and ending on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_ all persons employed on said project

have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the contractor or subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the prevailing wage regulations of the State of Delaware.

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a state apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, and that the worksite ratio of apprentices to mechanics does not exceed the ratio permitted by the prevailing wage regulations of the State of Delaware.

List only those fringe benefits:

For which the employer has paid; and  
Which have been used to offset the full prevailing wage rate.

(See Delaware Prevailing Wage Regulations for explanation of how hourly value of benefits is to be computed.)

HOURLY COST OF BENEFITS							
(List in same order shown on front of record)							
Employee							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief. I realize that making a false statement under oath is a crime in State of Delaware

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**An employer who fails to submit sworn payroll information to the Department of Labor weekly shall be subject to fines of \$1,000.00 and \$5,000. for each violation.**









STATE OF HAWAII

CERTIFIED PAYROLL REPORT

DAGS.ECP v1.0\_06/10

DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

Public Works Division

REPORT SUBMISSION DATE:

Name is of: Contractor:

Subcontractor:



THIS IS AN AMENDED FORM  
PAYMENTS MADE ON SAME DAY TO ALL EMPLOYEES

NAME:

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION										PROJECT NO.	VENDOR CODE								
NAME, NO ADDRESS, AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER OF EMPLOYEE	NO. OF WITHHOLDINGS EXEMPTIONS	WORK CLASSIFICATION	OT/CRST.	DAY AND DATE							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	TOTAL DEDUCTIONS					NET WAGES PAID FOR WEEK	DATE PAID TO EMPLOYEE	
				S	M	T	W	TH	F	S				FICA	FED. WITH- HOLDING TAX	STATE WITH- HOLDING TAX	MEDICARE	OTHER DEDUC.			TOTAL DEDUCT
				HOURS WORKED EACH DAY																	
			S																		
			O																		
			T																		
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**STATEMENT OF COMPLIANCE  
(Certification Under Penalty of Perjury)**

Date: [ ] at: [ ]  
I, [ ]

do certify under penalty of perjury:

1) That all of the information in this report is true and correct.  
2) That I pay or supervise the payment of the persons employed by [ ] on the [ ] for all work in performance of our contract during the duration of the project; that all persons employed on said project will be paid the full weekly wages earned; that no rebates have been or will be made either directly or indirectly from the full wages earned by any person, other than permissible deductions, as described below:

FICA(Social Security), Medicare, Federal Income Taxes, State Income Taxes, State Disability (SDI), Court-ordered Wage Attachments.

3) That any payrolls otherwise under this contract required to be submitted are correct and complete; that the wage rate for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.  
4) That any apprentices employed on the above project are duly registered in a bona fide apprenticeship program registered with, or recognized by, a state apprenticeship agency.  
5) That:

a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to the appropriate programs for the benefit of such employees.

Following is a breakdown of the HOURLY fringe benefit contributions:

	<u>Classification</u>	<u>Pension/Annuity</u>	<u>Health &amp; Welfare</u>	<u>Vacation/Holiday</u>	<u>Training</u>	<u>Total OTHER *</u>	<u>Total Fringes / hr</u>
a							
b							
c							
d							
e							
f							
g							
h							

*	<u>Classification</u>					<u>Total OTHER</u>
a						
b						
c						
d						
e						
f						
g						
h						

b) Remarks

Trade/Craft Classification	Explanation

I reaffirm the intent of our company to comply with the requirements of HRS chapter 104, and all applicable federal and State laws during performance of the contract.

**Note:** If using an ELECTRONIC signature, then the initial submittal must contain both the INKED and ELECTRONIC signatures. Subsequent weeks need only contain the ELECTRONIC one.

Name	Title

Signature and Date - INKED

Signature and Date - ELECTRONIC





Contractor or Subcontractor & No. _____ _____ Address _____ _____ _____	Route	Section	Payroll No.
	County	Project No.	For Week Ending
			Contract No.

(1) Name and Individual Identification Number	(2)*	(3)*	(4)	OT or St.	(5) Hours and Days Worked							(6) Total Hours	(7) Rate of Pay	(8) Amount Earned	(9) Total Earned	(10) Deductions				(11) Wages Paid for Week	
																	Federal WH Tax	FICA	State WH Tax		Other
				S																	
				O																	
				S																	
				O																	
				S																	
				O																	
				S																	
				O																	
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				O																	
				S																	
				O																	

Reviewed by: \_\_\_\_\_  No Work  Suspended  Completed  
 \_\_\_\_\_  
 Signature of State Official

NOTE: A certified copy of each weekly payroll must be submitted by the prime contractor within seven (7) days of the regular payment date.

\* See instruction page for codes to be entered

Date \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by \_\_\_\_\_

\_\_\_\_\_ on the \_\_\_\_\_  
(Contractor or Subcontractor) (Building or Work)

\_\_\_\_\_ ; that during the payroll period commencing on \_\_\_\_\_,

and ending on \_\_\_\_\_ all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_ from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under the contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefits of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTIONS (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE	SIGNATURE
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	

**WEEKLY PAYROLL REPORT FORM  
THE COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF CAPITAL ASSET MANAGEMENT**

DCAM Project No. \_\_\_\_\_ Project Name \_\_\_\_\_ Project Location \_\_\_\_\_  
 Name of General Contractor \_\_\_\_\_  Check here if this is the final report  
 Name of Contractor Filing Report \_\_\_\_\_ Address \_\_\_\_\_  
 Week Ending \_\_\_\_\_ Report No. \_\_\_\_\_ Date Work Began \_\_\_\_\_ Date Work Completed \_\_\_\_\_

EMPLOYEE NAME AND ADDRESS	WORK CLASSIFICATION	HOURS WORKED							(A) TOT. HRS.	(B) HOURLY BASE WAGE	EMPLOYER CONTRIBUTIONS			(F) HOURLY TOTAL WAGE (PREV WAGE)	(G) WEEKLY TOTAL AMOUNT	
		O	S	O	S	O	S	O			S	(C) HEALTH & WELFARE	(D) PEN- SION			(E) SUPP. UNEMP.
		O														
		S														
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NOTE: Every contractor and subcontractor is required to submit a copy of their weekly payroll records to DCAM. The undersigned satates under the pains & penalties of perfury that the above provided and attached information is a true and accurate record of each person employed on the project and the hours worked and wages paid to each such employee, including payments to the referenced benefits.

Authorized signature \_\_\_\_\_ Print Name \_\_\_\_\_ Print Title \_\_\_\_\_

Mail to: Division of Capital Asset Management  
 Compliance Office  
 One Ashburton Place, 15th Floor  
 Boston, MA 02108

# MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name:			Address:					Phone No.:			Payroll No.:							
Employer's Signature:			Title:					Contract No.:		Tax Payer ID No.:		Work Week Ending:						
Awarding Authority's Name:			Public Works Project Name:					Public Works Project Location:			Min. Wage Rate Sheet No.:							
General / Prime Contractor's Name:			Subcontractor's Name:					"Employer" Hourly Fringe Benefit Contributions										
Employee Name & Complete Address	Employee is OSHA 10 Certified (?)	Work Classification:	Appr. Rate (%)	Worked Hours							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C')	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E) Total Hourly Prev. Wage (F)	(A x F) Project Gross Wages (G) Total Gross Wages	Check No. (H)
				Su.	Mo.	Tu.	We.	Th.	Fr.	Sa.								
	<input type="checkbox"/>																	
	<input type="checkbox"/>																	
	<input type="checkbox"/>																	
	<input type="checkbox"/>																	
	<input type="checkbox"/>																	
	<input type="checkbox"/>																	
	<input type="checkbox"/>																	

**NOTE:** Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Date recieved by awarding authority / /
--

## WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form has been printed on the reverse of this page and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

In addition, every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority. For every week in which an apprentice is employed, a photocopy of the apprentice's identification card must be attached to the payroll report. Once collected, the awarding authority is also required to preserve those records for three years.

In addition, each such contractor, subcontractor, or public body shall furnish to the awarding authority directly, within fifteen days after completion of its portion of the work a statement, executed by the contractor, subcontractor or public body who supervises the payment of wages, in the following form:

<p><b>STATEMENT OF COMPLIANCE</b></p> <p style="text-align: center;">_____, 20____</p> <p>I, _____, _____</p> <p style="text-align: center;">(Name of signatory party) (Title)</p> <p>do hereby state:</p> <p style="text-align: center;">That I pay or supervise the payment of the persons employed by</p> <p>_____ on the _____</p> <p style="text-align: center;">(Contractor, subcontractor or public body) (Building or project)</p> <p>and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.</p> <p style="text-align: right;">Signature _____</p> <p style="text-align: right;">Title _____</p>
--









MINNESOTA DEPARTMENT OF TRANSPORTATION  
PRIME CONTRACTOR – SUBCONTRACTOR'S  
STATEMENT OF COMPLIANCE  
FEDERAL COPELAND ACT / DAVIS BACON ACT  
MINNESOTA PREVAILING WAGE STATUTES

REPORT NUMBER	STATE PROJECT NUMBERS (S)	DATE
PRIME CONTRACTOR/SUBCONTRACTOR	PHONE NUMBER	CONTRACT NUMBER
ADDRESS		FEDERAL PROJECT NUMBER
TYPE OF WORK		

(Complete as described on proposal)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, \_\_\_\_\_, \_\_\_\_\_ do hereby state:  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by \_\_\_\_\_ on said Contract; that during the payroll period commencing on the \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_, there were \_\_\_\_\_ workers performing covered work on said Contract. That all persons performing work under said Contract are listed on the payroll and have been paid the full prevailing wages for all hours worked under said Contract, that no rebates and/or deductions have or will be made either directly or indirectly to or on behalf of \_\_\_\_\_ (Prime Contractor or Subcontractor) from the full wages by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the U.S. Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145) and/or permissible deductions as defined in Minnesota Statutes 177.24, Subdivision 4, 181.06, and 181.79, issued by the Minnesota Commissioner of Labor and Industry and described below.

DESCRIBE LEGAL DEDUCTIONS

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

(2) That the payroll submitted under said Contract is complete and accurate; that the wage rate(s) of the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid according to the wage determination(s) and labor provisions incorporated in said Contract and according to applicable laws; that wages paid to laborer(s), mechanic(s), and worker(s) performing work under said Contract is at least the prevailing wage rate for the most similar classification of labor performed as defined under applicable law; and that the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid for all hours in excess of the prevailing hours of labor at a rate of at least one and one-half times the applicable base rate of pay.

(3) That any apprentices employed during said payroll period are duly registered in a bona fide apprenticeship program registered with the Minnesota Department of Labor and Industry, or are registered with the Bureau of Apprenticeship and Training; United States Department of Labor.

(4) That: (Check one box only)

(a) WHERE FRINGE BENEFITS ARE PAID TO ANY APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer, worker, or mechanic listed on said payroll, payments to current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or will be made to the program's administrators, per state and federal regulations and plan requirements, as set forth in paragraph 4(e) for the benefit of said workers, except as noted in Section 4(c).

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL WORKERS

Each laborer, worker, or mechanic listed on said payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic rate plus the fringe rate as listed in the appropriate wage determination incorporated into said Contract.

NOTE---FRINGE BENEFITS SECTION C, D, E, AND SIGNATURE BLOCK IS ON PAGE 2.

**(c) EXCEPTIONS**

WORKER NAME	CLASSIFICATION/OCCUPATION	EXPLANATION

**(d) BENEFIT PROGRAM INFORMATION in DOLLARS CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)**

PROGRAM TITLE, CLASSIFICATION TITLE, OR INDIVIDUAL WORKERS	HEALTH/WELFARE	VACATION/HOLIDAY	APPRENTICESHIP/TRAINING	PENSION	OTHER INCLUDE TITLE
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

**(e) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked)**

NAME AND ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER

**The willful falsification of any of the above statements may subject the prime contractor or subcontractor to civil or criminal prosecution under federal and/or state law. See Minnesota Statute 15C; 16B; 161.315, Subdivision 2; 177.43, Subdivision 5; 177.44, Subdivision 6; 609.63; or United States Code 18 U.S.C. 1001; 31 U.S.C. 231; CFR 5.12.**

NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE (PRINT)	SIGNATURE	DATE
As a representative of the contractor submitting the attached payroll, I hereby certify that the information is true and accurate to the best of my knowledge.		

NAME AND TITLE OF PRIME CONTRACTOR (PRINT)	SIGNATURE	DATE
As a representative of the Prime Contractor, I have reviewed the attached forms and certify to the best of my knowledge that they accurately reflect operations of this company on this project and meet the contract requirements for this project.		

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Transportation, Labor Compliance Unit, Mail Stop 650, 395 John Ireland Boulevard, St. Paul, Minnesota 55155-1899, or call 651-366-4209 or 651-366-4204.

**MINNESOTA STATE COLLEGES AND UNIVERSITIES**

**Form MnSCU073 – Part 2 Statement of Compliance**

REPORT NUMBER	STATE PROJECT NAME AND LOCATION	DATE
CONTRACTOR/SUBCONTRACTOR	PHONE NUMBER	CONTRACT PURCHASE ORDER NUMBER
ADDRESS		
TYPE OF WORK		

(Complete as described on solicitation documents.)

**STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID**

I, \_\_\_\_\_ do hereby state:  
 (Name of signatory party) (Title – Owner or Officer)

(1) That I pay or supervise the payment of the persons employed by \_\_\_\_\_ on said Contract; that during the payroll period commencing on the \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_, there were \_\_\_\_\_ employees performing work on said Contract. That all persons performing work under said Contract are listed on the payroll and have been paid the full prevailing wages for all hours worked under said Contract, that no rebates and or deductions have or will be made either directly or indirectly to or on behalf of said \_\_\_\_\_ (Contractor or Subcontractor) from the full wages earned by any person, other than permissible deductions as defined in Minnesota Statutes 177.24, Subdivision 4, 181.06, and 181.79, issued by the Minnesota Commissioner of Labor and Industry and described below:

**DESCRIBE LEGAL DEDUCTIONS**

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(2) That the payroll submitted under said Contract is complete and accurate; that the wage rate(s) of the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid according to the wage determination(s) and labor provisions incorporated in said Contract and according to applicable laws; that wages paid to laborer(s) mechanic(s), and worker(s) performing work under said Contract is at least the prevailing wage rate for the most similar classification of labor performed as defined under applicable law; and that the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid for all hours in excess of the prevailing hours at a rate of at least one and one-half times the applicable base rate of pay.

(3) That any apprentices employed during said payroll period are duly registered in a bona fide apprenticeship program registered with the Minnesota Department of Labor and Industry, or are registered with the Bureau of Apprenticeship and Training; United States Department of Labor.

(4) That:

**(a) WHERE FRINGE BENEFITS ARE PAID TO ANY APPROVED PLANS, FUNDS, OR PROGRAMS**

In addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed on said payroll, payments to current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or will be made to the program's administrators as set forth in paragraph 4(e) for the benefit of said employees, except as noted in Section 4(c).

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL EMPLOYEES**

Each laborer, worker, or mechanic listed on said payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic rate plus the fringe rate as listed in the appropriate wage determination incorporated into said Contract.

**NOTE – FRINGE BENEFIT SECTIONS C, D, E AND SIGNATURE BLOCK ARE ON NEXT PAGE**

**(c) EXCEPTIONS**

EMPLOYEE NAME	CLASSIFICATION/OCCUPATION	EXPLANATION

**(d) BENEFIT PROGRAM INFORMATION in DOLLARS CONTRIBUTED PER HOUR  
(Must be completed if 4(a) is checked.)**

PROGRAM TITLE, CLASSIFICATION TITLE, OR INDIVIDUAL EMPLOYEES	HEALTH/WELFARE	VACATION/HOLIDAY	APPRENTICESHIP/TRAINING	PENSION	OTHER INCLUDE TITLE
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

**(e) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked.)**

NAME & ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER

**The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under federal and/or state law. See Minnesota Statute 16B, 161.315, Subdivision 2, 177.43, Subdivision 5, 177.44, Subdivision 6, 609.63.**

NAME AND TITLE OF OWNER OR OFFICER	SIGNATURE
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As a representative of the contractor submitting the payroll identified above, I hereby certify that the payroll is true and correct to the best of my knowledge.

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Labor and Industry, 443 Lafayette Road N., St. Paul, MN 55155, Phone: (651) 284-5005 or 1-800-DIAL-DLI (1-800-342-5354), TTY: (651) 297-4198.



**DIVISION OF  
LABOR  
STANDARDS**

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

**CONTRACTOR PAYROLL RECORDS**

(See Sections 290.210 to 290.340, RSMo and 3 CSR 30-3.010 to 8 CSR 30-3.060)

Name of <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor					Address:																	
					City:		State:		ZIP:		Phone Number: ( ) -											
Name of Public Body					Address:																	
					City:		State:		ZIP:		Phone Number: ( ) -											
Payroll No.:		For Week Ending: /		Project and Location:					Project or Contract No.:													
Name and Address of Employee	Occupational Title ***	O.T. or S.T.	Day and Date							Total Hours	Hourly Rate of Pay	Deductions					Net Wages Paid for Week					
			Hours Worked Each Day									Project Week	FICA & Medicare	Federal & State Withholding Tax	Other	Other		Total Deductions				
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\*\*\* If a worker performs work in more than one occupational title, you must separately list the hours worked per occupational title and wage rates. \*\*\*





# CERTIFIED PAYROLL REPORT

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

Project Title \_\_\_\_\_

Payroll Number \_\_\_\_\_

FINAL

WEEK ENDING:		SHEET		OF		GRANT AGENCY PROJECT NO.:								
CONTRACTOR:				SUBCONTRACTOR:				DEPARTMENT PROJECT OR CONTRACT NO.:						
ADDRESS:				ADDRESS:				LOCATION:						
CITY, STATE ZIP:				CITY, STATE ZIP:				DESCRIPTION:						
FEDERAL I.D. NUMBER:				FEDERAL I.D. NUMBER:										
EMPLOYEE NAME:		DATE:	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL HRS.	BASE RATE	O.T. RATE	FRINGE RATE	TOTAL
ADDRESS:		REG. HRS.												
CITY, STATE ZIP:		O.T. HRS.												
SOCIAL SECURITY NO.:		TOTAL FRINGE HOURS												
OCCUPATIONAL TITLE / CLASSIFICATION:		GROUP:		SKILL GROUP:				FRINGE PAID TO:		<input type="checkbox"/> APPROVED PLAN <input type="checkbox"/> EMPLOYEE				
WEEK ALL JOBS:	HOURS:	GROSS EARNINGS:	FEDERAL:	FICA:	STATE:	LOCAL E-TAX:	MISC:	NET PAY:	EARNINGS FOR THIS JOB: KANSAS CITY EARNINGS TAX THIS JOB					
EMPLOYEE NAME:		DATE:	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL HRS.	BASE RATE	O.T. RATE	FRINGE RATE	TOTAL
ADDRESS:		REG. HRS.												
CITY, STATE ZIP:		O.T. HRS.												
SOCIAL SECURITY NO.:		TOTAL FRINGE HOURS												
OCCUPATIONAL TITLE / CLASSIFICATION:		GROUP:		SKILL GROUP:				FRINGE PAID TO:		<input type="checkbox"/> APPROVED PLAN <input type="checkbox"/> EMPLOYEE				
WEEK ALL JOBS:	HOURS:	GROSS EARNINGS:	FEDERAL:	FICA:	STATE:	LOCAL E-TAX:	MISC:	NET PAY:	EARNINGS FOR THIS JOB: KANSAS CITY EARNINGS TAX THIS JOB					
EMPLOYEE NAME:		DATE:	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL HRS.	BASE RATE	O.T. RATE	FRINGE RATE	TOTAL
ADDRESS:		REG. HRS.												
CITY, STATE ZIP:		O.T. HRS.												
SOCIAL SECURITY NO.:		TOTAL FRINGE HOURS												
OCCUPATIONAL TITLE / CLASSIFICATION:		GROUP:		SKILL GROUP:				FRINGE PAID TO:		<input type="checkbox"/> APPROVED PLAN <input type="checkbox"/> EMPLOYEE				
WEEK ALL JOBS:	HOURS:	GROSS EARNINGS:	FEDERAL:	FICA:	STATE:	LOCAL E-TAX:	MISC:	NET PAY:	EARNINGS FOR THIS JOB: KANSAS CITY EARNINGS TAX THIS JOB					
EMPLOYEE NAME:		DATE:	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL HRS.	BASE RATE	O.T. RATE	FRINGE RATE	TOTAL
ADDRESS:		REG. HRS.												
CITY, STATE ZIP:		O.T. HRS.												
SOCIAL SECURITY NO.:		TOTAL FRINGE HOURS												
OCCUPATIONAL TITLE / CLASSIFICATION:		GROUP:		SKILL GROUP:				FRINGE PAID TO:		<input type="checkbox"/> APPROVED PLAN <input type="checkbox"/> EMPLOYEE				
WEEK ALL JOBS:	HOURS:	GROSS EARNINGS:	FEDERAL:	FICA:	STATE:	LOCAL E-TAX:	MISC:	NET PAY:	EARNINGS FOR THIS JOB: KANSAS CITY EARNINGS TAX THIS JOB					

Date \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of Signatory Party) (Title)  
do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
(Contractor or subcontractor) \_\_\_\_\_  
on the (Building or work) \_\_\_\_\_: that during the  
payroll period commencing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and ending  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, all said persons employed on said project  
have been paid the full weekly wages earned, that no rebates have been or  
will be made either directly or indirectly to or on behalf of said (Contractor or  
subcontractor) \_\_\_\_\_ from  
the full weekly wages earned by any person and that no deductions have  
been made either directly or indirectly from the full wages earned by any  
person, other than permissible deductions as defined in Regulations, Part 3  
(29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland  
Act, as amended (48 Stat. 948.63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40  
U.S.C. 276c), and described below:

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

(2) That any payrolls otherwise required under this contract to be submitted  
for the above period are correct and complete; that the wage rates for  
laborers or mechanics contained herein are not less than the applicable  
wage rates contained in any wage determination incorporated into this  
contract; that the classifications set forth herein for each laborer or mechanic  
conform to the work he performed.

(3) That any apprentices employed in the above period are duly registered in  
a bona fide apprenticeship program registered with a State apprenticeship  
agency recognized by the Bureau of Apprenticeship and Training, United  
States Department of Labor, or if no such recognized agency exists in a  
State, are registered with the Bureau of Apprenticeship and Training, United  
States Department of Labor.

(4) That:  
(a) WHERE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS,  
OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or  
mechanic listed in the above referenced payroll, consisting of \_\_\_\_\_ pages,  
payments of fringe benefits as listed in the contract have been or will be

made to appropriate programs for the benefit of such employees, exceptions  
noted in 4 (c) below.

(b) WHERE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll,  
consisting of \_\_\_\_\_ pages, has been paid, as indicated on the payroll, in an  
amount not less than the sum of the basic hourly wage rate plus the amount  
of the required fringe benefits as listed in the contract, except as noted in  
Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE	SIGNATURE
The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 Section 231 of Title 31 of the United States Code.	



STATE OF NEVADA  
Office of the Labor Commissioner  
**STATEMENT OF COMPLIANCE**

In compliance with the provisions of Chapters 338 of NRS and NAC, respectively, I, as an officer, owner or director of the undersigned contractor, hereby certify that this report is a true and accurate statement of workers earnings employed on this Public Works contract by the undersigned contractor for the following payroll period:

\_\_\_\_\_ to \_\_\_\_\_  
Month and Day                      Year                      Month and Day                      Year

I further certify:

1. That no deductions have been made from the wages earned by any person so listed other than those permissible or required by law.
2. That any apprentice listed herein is registered in a bona fide apprenticeship program.
3. Check all that apply:

- The contractor is signatory to a collective bargaining agreement with some or all of its employees.
- Each employee listed has been paid the required applicable wages plus the amount of fringe benefits listed in their contract.
- Each employee listed has been paid the required applicable wages per hour with no fringe benefit contributions paid by the contractor.

- Prime Contractor
- Subcontractor

Contractor Name:	Address:
Telephone:	Fax:

~~~~~  
 PRINTED NAME/TITLE  
 ~~~~~

NRS 338.070:

4. The contractor and each subcontractor shall keep or cause to be kept an accurate record showing the name and the actual per diem, wages and benefits paid to each workman employed by him in connection with the public work.
5. The record must be open at all reasonable hours to the inspection of the public body awarding the contract, and its officers and agents. The contractor or subcontractor shall ensure that a copy of the record for each calendar month is received by the public body awarding the contract no later than 15 days after the end of the month. The copy must be open to public inspection as provided in NRS 239.010. The record in the possession of the public body awarding the contract may be discarded by the public body 2 years after final payment is made by the public body for the public work.
6. Any contractor or subcontractor, or agent or representative thereof, performing work for a public work who neglects to comply with the provisions of this section is guilty of a misdemeanor.

STATE OF NEVADA



OFFICE OF THE LABOR COMMISSIONER

Laborcommissioner.com

**NON-PERFORMANCE PAYROLL REPORT FOR PUBLIC WORKS PROJECTS**

Pursuant to Chapter 338 of the NRS and NAC, respectively, the contractor and each subcontractor shall keep or cause to be kept an accurate record showing the name and the actual per diem, wages and benefits paid to each workman employed by him in connection with the public work. The contractor or subcontractor shall ensure that a copy of the record for each calendar month is received by the public body awarding the contract no later than 10 days after the end of the month.

Report # \_\_\_\_\_ Regular Weekly Report \_\_\_\_\_ Final Report for Project \_\_\_\_\_

Bid/Project # \_\_\_\_\_ PWP- \_\_\_\_\_

Project Title \_\_\_\_\_

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

Subcontractor Name \_\_\_\_\_

Public Body Awarding Contract \_\_\_\_\_

Payroll period \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.  
Month and Day Year Month and Day Year

I hereby certify that no employees or owner/operators were used on the construction of this Public Works project during the payroll period above.

\_\_\_\_\_  
Name & Title (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS**  
*(for Contractor and Subcontractor's Use for Weekly and Final Certification)*  
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS	DATE WAGES DUE	DATE WAGES PAID
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PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION <input type="checkbox"/>	PROJECT NAME AND LOCATION	CONTRACTOR REGISTRATION NUMBER
-------------	---	---------------------------	--------------------------------

1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	Overtime (OT) or Straight time (ST)	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.
			HOURS WORKED EACH DAY									This Project Only	Total for Week	FICA	With- holding Tax			Total Deductions		
		OT																		
		ST																		
		OT																		
		ST																		
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		ST																		

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

**SUBMIT TO PUBLIC BODY OR LESSOR**

↑  
 ↑ Footer Optional ↑

Date \_\_\_\_\_

I, \_\_\_\_\_  
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by \_\_\_\_\_  
\_\_\_\_\_ on the \_\_\_\_\_;  
(Contractor or Subcontractor) (Project Name and Location)  
that during the payroll period beginning on \_\_\_\_\_, and ending on \_\_\_\_\_, all persons employed  
(Date) (Date)  
on said project have been paid the full weekly wages earned, that no rebates have been or will be made either  
directly or indirectly to or on behalf of said \_\_\_\_\_  
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or  
indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey  
Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of  
Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct  
and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage  
rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for  
each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department  
of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above  
referenced payroll, payments of fringe benefits as listed in the contract have been or will be  
made when due to appropriate programs for the benefit of such employees, except as noted in  
Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on  
the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the  
amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c)  
below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE
SIGNATURE
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.



# PAYROLL STATEMENT OF COMPLIANCE

Wage Decision No. : \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_ do hereby state:  
 (Name of Signatory Party) (Title)

(1) that I pay or supervise the payment of the persons employed by: \_\_\_\_\_  
 (Contractor or Subcontractor)

on the \_\_\_\_\_  
 (Name of Project)

that during the payroll period commencing on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ and ending the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, all persons employed on said project have been paid the full weekly wages earned, that no deductions have been or will be made either directly or indirectly to or on behalf of said \_\_\_\_\_ from the full weekly wages earned by any

(Contractor or Subcontractor)

person, other than deductions permitted by law. Anyone found in violation of the NM Public Works Minimum Wage Act [13-4-11 to 13-4-17 NMSA 1978] could be subject to penalties and debarment.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborer or mechanic conform with the work he performed.
- (3) That any apprentice(s) employed in the above period are duly registered in a bona fide apprenticeship program registered with the State Apprenticeship agency recognized by the Bureau of Apprenticeship & Trng., US Dept. of Labor, or properly enrolled in a bona fide training program approved for application on public works construction projects by the appropriate state (SAC) and/or federal agency(ies) (BAT) if and as required by law & applicable federal regulation.

**(4) FRINGE BENEFITS: (Please Spell Out Any/All Acronyms)**

\_\_\_(a) ARE PAID TO APPROVED PLAN, FUND, OR PROGRAM in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate program for the benefit of such employees.

*If paid to an approved plan, fund, or program, please fill out name of program w/fringe breakdown per hour below.*

<b>Name of Program Used for Fringe Benefits:</b>				
<b>Pension =</b>	<b>Health/Welfare =</b>	<b>Holiday/Vac. =</b>	<b>Life Ins. =</b>	<b>Training* =</b>
(If additional space is needed for more programs/fringe breakdowns, please attach a separate page.)				

FRINGE BENEFITS:

1. Pension
2. Health/Welfare
3. Holiday/Vacation
4. Life Insurance
5. Training (not Apprenticeship) \*

*FRINGE BREAKDOWN SAMPLE:*

Fringe Benefit:	Amount:
401(K) Plan	\$8.98/hr.
Vacation	\$2.23/hr.

\_\_\_(b) **Paid to Union Program** - If paid to a Union and fringe benefits differ from employee to employee, and/or job contract, please provide fringe breakdown for each employee and attach copy of Union contract.

\_\_\_(c) ARE PAID IN CASH, each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

Section 13-1D-1 to Section 13-1D-8, NMSA 1978 provides for employers to agree to make contributions to approved apprentice & training programs in New Mexico in which the employer is a participant to the public works apprentice and training fund administered by the Public Works Bureau of the Labor & Industrial Division of the New Mexico State Department of Labor. Contributions shall be made in the same manner and in the same amount as apprentice and training contributions required pursuant to wage rate determinations made by the Labor & Industrial Division Director.

**APPRENTICESHIP CONTRIBUTIONS:** (Please check applicable blank)

\_\_\_ Check paid to: NM Public Works Apprenticeship & Training Fund - Public Works Bureau, Labor & Industrial Div.

\_\_\_ Check paid to: \_\_\_\_\_  
 (Name & address of approved Apprenticeship & Training Program (Program No.))

Print Name of Certifying Official: \_\_\_\_\_ Signature of Certifying Official: \_\_\_\_\_ Title & Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

### WEEKLY PAYROLL REPORT BRONX MENTAL HEALTH REDEVELOPMENT PROJECT

NAME of <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	ADDRESS (B)	F.E.I.N. (C)
--	-------------	--------------

PAYROLL NO. (D)	FOR WEEK ENDING (E)	PROJECT AND LOCATION (F)	PROJECT NO.	CONTRACT NO. (H)
-----------------	---------------------	--------------------------	-------------	------------------

EMPLOYEE'S NAME, Address, City, State, Zip Social Security Number (last 4 digits) <small>(1)</small>	Ethnicity & Sex Code		Work Classification <small>(2)</small>	TIME <small>(3)</small>	DAY AND DATE (4)							TOTAL HOURS <small>(5)</small>	RATE OF PAY PER HOUR <small>(6)</small>	Gross Amount Earned <small>(7)</small>	Deductions				NET Wages Paid For Week <small>(12)</small>
	<small>(1a)</small>	<small>(1b)</small>			HOURS WORKED EACH DAY										FICA <small>(8)</small>	Witholding Tax <small>(9)</small>	Other <small>(10)</small>	Total DEDUCTIONS <small>(11)</small>	
				OT															
				ST															
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**1a-ETHNICITY**

1 BLACK/AFRICAN AMERICAN: Black persons having origins in any of the African racial groups

2 HISPANIC/LATIN AMERICAN: Hispanic/Latin persons of Mexican, Puerto Rican, Dominican, Cuban, Central Or South American Origin

3 NATIVE AMERICAN: American Indian or Alaskan Native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations

4 ASIAN/PACIFIC ISLANDER AMERICAN: Members of the indigenous people of the Orient including the Far East, Southeast Asia or Pacific Islands

5 ASIAN INDIAN AMERICAN: Persons having origins in the Indian Sub-continent and the Middle East/South West Asia

6 CAUCASIAN AMERICAN: White persons having origins in Europe

**1b-SEX**

M- MALE

F- FEMALE

**CONTRACTOR AND SUBCONTRACTOR  
CERTIFICATIONS**

I, \_\_\_\_\_ am an officer with the title  
*(Name of Officer)*  
of \_\_\_\_\_ in the firm of \_\_\_\_\_

and authorized by that firm to sign and swear, under penalty of perjury, to the validity and accuracy of the following statements:

**A. Labor Law Certification:**

1. I pay or supervise the payment of laborers, workers and mechanics employed by the noted firm. During the payroll period commencing on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and ending the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, all laborers, workers and mechanics were paid wages and supplements recorded as earned on the attached payroll records. No deductions have been made either directly or indirectly from wages and supplements other than deductions shown on payroll records.
2. Payroll records submitted for the above period and attached hereto are correct and complete and wage rates for laborers, workers and mechanics contained therein are not less than applicable wage rates stated in the Contract and as designed by the NYS Department of Labor. The number of hours shown for each employee reflects actual hours worked by that employee. The classification shown for each employee is accurate and conforms to the work she or he performed.
3. Supplements required in the Contract that are in addition to basic hourly wages have been or will be paid to the appropriate plans, funds or programs.

**B. OSHA Law Certification:**

1. For all contracts advertised on or after 7/18/08 and valued over \$250,000, that all laborers, workers and mechanics working on site are certified as having successfully completed the OSHA 10-hour Construction Safety and Health Course –S1537-A and have furnished a copy of proof of completion of the OSHA 10 course, as of the first certified payroll submitted and on each succeeding payroll where any new or additional employee is first listed.

**C. DEC Law Certification** *(Subcontractors executing this form do not make this certification):*

1. I agree to comply with the NYS Environmental Conservation Law section 19-0323, and the rules and regulations promulgated thereunder, as administered by the NYS Department of Environmental Conservation.

By: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
*(Signature of Officer)*

Title: \_\_\_\_\_ Firm Address: \_\_\_\_\_  
*(Title of Officer)*

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

Check the appropriate box:  Prime  Subcontractor Project No: \_\_\_\_\_ and Contract No: \_\_\_\_\_

# PAYROLL REPORT

(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

AGENCY <b>DEPT. OF DESIGN AND CONSTRUCTION</b>
---

NAME OF CONTRACTOR/SUBCONTRACTOR	ADDRESS	PHONE No.	PAYROLL No.
----------------------------------	---------	-----------	-------------

CONTRACT REG. No.	JOB CODE	WEEK ENDING - DATE	PROJECT NAME & LOCATION	TAX I.D. No.
-------------------	----------	--------------------	-------------------------	--------------

(1) NAME, ADDRESS, SOCIAL SECURITY No.	(2) LIST TRADE & CIRCLE WORK CLASSIF: JOURNEYPERSON APPRENTICE HELPER	(3) TIME	(4) DAY AND DATE							(5) TOTAL HOURS	(6) BASE RATE OF PAY PER HOUR	(7) TOTAL BASE PAY	(9) SUPPLEMENTAL BENEFITS			(11) GROSS PAY	(12) TOTAL TAX & OTHER DEDUCTIONS	(13) NET PAY
			HOURS WORKED EACH DAY										(8) RATE PER HOUR	(9) <input type="checkbox"/> PAID TO (Local # if Union is Checked)	(10) TOTAL PAID			
J A H		RT											U Local No.					
		OT											E					
J A H		RT											U Local No.					
		OT											E					
J A H		RT											U Local No.					
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J A H		RT											U Local No.					
		OT											E					

(INSTRUCTIONS ON REVERSE SIDE)

**FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE**

I hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown.  
I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

----- <b>SIGNATURE</b>	----- <b>NAME (Print)</b>	----- <b>TITLE</b>	----- <b>DATE</b>
---------------------------	------------------------------	-----------------------	----------------------



THIS CERTIFICATION MUST BE COMPLETED ON EACH WEEKLY PAYROLL FORM USED BY THE CONTRACTOR OR SUBCONTRACTOR

Date \_\_\_\_\_

I \_\_\_\_\_ (Name of signatory party) \_\_\_\_\_ (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by \_\_\_\_\_

\_\_\_\_\_  
(Contractor or Subcontractor)

\_\_\_\_\_, that during the payroll period commencing on the \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_ from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Articles 8 and 9 and described below:

(2) That any payrolls submitted for the above period are correct and complete; that the wage rates for laborers, workers, or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer, worker or mechanic conform with the work he/she performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- In addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c).

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer, worker, or mechanic listed in the above-referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE ARTICLES 8 AND 9.



New York State Department of Transportation  
**CONTRACTOR'S PAYROLL CERTIFICATION**

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

I, \_\_\_\_\_, \_\_\_\_\_ do hereby state:

(1) That I pay or supervise the payment of the periods employed by \_\_\_\_\_ on the \_\_\_\_\_ that during the payroll period commencing on \_\_\_\_\_ and ending on \_\_\_\_\_ all persons employed on said project project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly too or on behalf of said \_\_\_\_\_ from the full weekly wages earned by any person, other than permissible deductions as defined in:

Article 6, Section 193 of the New York State Labor Law, applicable to State projects, and as described below; OR  
 Title 29, Code of Federal Regulations, Parts 3 (29 CFR Subtitle A) issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), applicable to Federal or Federally-aided projects, and as described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

(3) That any apprentices employed in the above period are duly registered in bona fide apprenticeship program registered with: the New York State Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS; FUNDS OR PROGRAMS

In addition to the basic hourly wage rates to each laborer or mechanic listed in the above referenced payroll, payment of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefits as listed in the contract, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE	SIGNATURE	DATE
THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENT MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.		







## Instructions for the Preparation and Submission of a Payroll Report

1. All persons who performed any on-site construction activity, during the period of the requisition, shall be listed on the Payroll Report.
2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

**4. PAYROLL REPORT HEADING:** The Payroll Report Heading shall require the following information:

- NAME OF PRIME CONTRACTOR:** Enter the name of the firm that has entered into the contract with the New York City government agency.
- NAME OF CONTRACTOR / SUBCONTRACTOR:** The legal name of the firm submitting the Payroll Report shall be placed immediately below this designation. Circle either the word CONTRACTOR or SUBCONTRACTOR as applicable.
- ADDRESS:** Insert the current address (i.e., street, city, state and zip code) of the firm submitting the Payroll Report.
- PHONE NO.:** Enter the telephone number of the firm submitting the Payroll Report in the space provided.
- AGENCY:** Enter the name of the New York City government agency that has the contract with the Prime Contractor.
- PAYROLL NO.:** In the space provided, enter the Payroll Number of the Contractor or Subcontractor.
- CONTRACT REG. NO.:** Enter the Contract Registration Number here. This may be obtained from the "Notice of Award" and / or the "Order to Commence Work" letters.
- JOB CODE:** In the space provided, enter the Contractor/ Subcontractor's in-house labor distribution code or job number where applicable.
- WEEK ENDING DATE:** In the space provided, enter the last date of the pay-week (i.e., month, day, year).
- PROJECT NAME & LOCATION:** In this space, enter the Project Name and Location where contract work is being performed.
- TAX I.D. NO.:** Enter in this space the Federal Tax Identification Number of the firm submitting the Payroll Report.

**5. For every employee who performed any on-site construction activity during the period of the Payroll Report, the following information shall be provided:**

- 1) **NAME, ADDRESS, LAST FOUR DIGITS OF THE SOCIAL SECURITY NO.:** The legal name, current address and the last four digits of the social security number of each employee. (Employers must keep the full social security number on file for each of their covered workers.) If the employee has no social security number, please list his/her IRS Individual Taxpayer Identification Number and mark it "ITIN".
- 2) **LIST TRADE & CHECK WORK CLASSIFICATION:** Specify and insert the Trade applicable to the work performed by each employee. The Trade identified must be one listed on the Prevailing Wage & Supplemental Benefits Schedule of the Comptroller, i.e., Electrician, Laborer, etc. Check next to the letter J if the individual is a Journeyperson. Check next to the letter A if the person is a Registered Apprentice with the Department of Labor of the State of New York. Check next to the letter H only if the person is a Helper in a trade classification that has Helper rates listed in the Comptroller's Schedule of Prevailing Wages.
- 3) **TIME:** RT indicates Regular Time, and OT indicates Overtime.
- 4) **DAY AND DATE:** Below this heading, in the first row, enter the appropriate sequence of the contractor's pay records. MTWTFSS, for example, is the sequence to use if the workweek ends on a Sunday, and SSMTWTF is the sequence if the workweek ends on a Friday. In the second row, below each letter representing the day of the workweek, insert the corresponding date. Below the heading HOURS WORKED EACH DAY, at the intersection of the column of the particular day and date and the horizontal row of the employee's name, insert the hours worked each day in the appropriate box either for RT (Regular Time) and / or OT (Overtime). If an employee worked Shift Time, the RT (Regular Time) row shall be used and adjusted accordingly.
- 5) **TOTAL HOURS:** Add the hours worked for Regular and / or Shift Time with the hours worked for Overtime, and enter separate totals in this column.
- 6) **BASE RATE OF PAY PER HOUR:** Specify the actual base rate of pay per hour paid to the employee. Do not include supplemental benefits in this amount.
- 7) **TOTAL BASE PAY:** Total amount earned by the employee, not including benefits.

**SUPPLEMENTAL BENEFITS:**

- 8) **RATE PER HOUR:** Amount of supplemental benefits paid / provided per hour.
- 9) **PAID TO:** Place a check mark in the appropriate box: U for Union if benefits paid to a Union, E for Employee if benefits paid in cash (or check) directly to the Employee, or O for Other, if benefits are otherwise paid / provided to the employee. If U is checked, you must insert the "Local" number of the union in that box.
- 10) **TOTAL BENEFITS PAID:** Total amount of supplemental benefits paid / provided for the workweek to the employee.
- 11) **GROSS PAY:** Total amount earned for workweek: This amount comprises the Total Base Pay plus any benefit paid in cash (or check) directly to the employee [i.e., column (7) + column (9) E if Box E is checked and payment made directly to employee]. No other type of benefit should be included in this column's total.
- 12) **TOTAL TAX AND OTHER DEDUCTIONS:** Enter the sum total of all deductions in this column (including FICA, Federal, State and City Taxes, etc.). This does not absolve you from maintaining appropriate tax and other records required by law).
- 13) **NET PAY:** Total amount of pay after all deductions (i.e., the actual Take-Home Pay).





## Instructions for the Preparation and Submission of a Payroll Report (Federal Contracts)

1. All persons who performed any on-site construction activity, during the period of the requisition, shall be listed on the Payroll Report.
2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.
4. **PAYROLL REPORT HEADING:** The Payroll Report Heading shall require the following information:

**NAME OF PRIME CONTRACTOR:** Enter the name of the firm that has entered into the contract with the New York City government agency.

**NAME OF CONTRACTOR/SUBCONTRACTOR:** The legal name of the firm submitting the Payroll Report shall be placed immediately below this designation. Circle either the word CONTRACTOR or SUBCONTRACTOR as applicable.

**ADDRESS:** Insert the current address (i.e., street, city, state and zip code) of the firm submitting the Payroll Report.

**PHONE NO.:** Enter the telephone number of the firm submitting the Payroll Report in the space provided.

**AGENCY:** Enter the name of the New York City government agency that has the contract with the Prime Contractor.

**PAYROLL NO.:** In the space provided, enter the Payroll Number of the Contractor or Subcontractor.

**CONTRACT REG. NO.:** Enter the Contract Registration Number here. This may be obtained from the "Notice of Award" and/or the "Order to Commence Work" letters.

**JOB CODE:** In the space provided, enter the Contractor/Subcontractor's in-house labor distribution code or job number where applicable.

**WEEK ENDING DATE:** In the space provided, enter the last date of the pay-week (i.e., month, day, year).

**PROJECT NAME & LOCATION:** In this space, enter the Project Name and Location where contract work is being performed.

**TAX I.D. NO.:** Enter in this space the Federal Tax Identification Number of the firm submitting the Payroll Report.

5. For every employee who performed any on-site construction activity during the period of the Payroll Report, the following information shall be provided:

- 1) **NAME, ADDRESS, LAST FOUR DIGITS OF THE SOCIAL SECURITY NO.:** The legal name, current address and the last four digits of the social security number of each employee. (Employers must keep the full social security number on file for each of their covered workers.) If the employee has no social security number, please list his/her IRS Individual Taxpayer Identification Number and mark it "ITIN".
- 2) **LIST TRADE & CHECK WORK CLASSIFICATION:** Specify and insert the Trade applicable to the work performed by each employee. The Trade identified must be one listed on the Prevailing Wage & Supplemental Benefits Schedule of the Comptroller, i.e., Electrician, Laborer, etc. Check next to the letter J if the individual is a Journeyman. Check next to the letter A if the person is a Registered Apprentice with the Department of Labor of the State of New York. Enter ethnicity and gender in this area. Check the legend at the bottom of the Payroll Report for the ethnicity and gender key.
- 3) **TIME:** RT indicates Regular Time, and OT indicates Overtime.
- 4) **DAY AND DATE:** Below this heading, in the first row, enter the appropriate sequence of the contractor's pay records. MTWTFSS, for example, is the sequence to use if the workweek ends on a Sunday, and SSMTWTF is the sequence if the workweek ends on a Friday. In the second row, below each letter representing the day of the workweek, insert the corresponding date. Below the heading HOURS WORKED EACH DAY, at the intersection of the column of the particular day and date and the horizontal row of the employee's name, insert the hours worked each day in the appropriate box either for RT (Regular Time) and / or OT (Overtime). If an employee worked Shift Time, the RT (Regular Time) row shall be used and adjusted accordingly.
- 5) **TOTAL HOURS:** Add the hours worked for Regular and / or Shift Time with the hours worked for Overtime, and enter separate totals in this column.
- 6) **BASE RATE OF PAY PER HOUR:** Specify the actual base rate of pay per hour paid to the employee. Do not include supplemental benefits in this amount.
- 7) **TOTAL BASE PAY:** Total amount earned by the employee, not including benefits.

### SUPPLEMENTAL BENEFITS:

- 8) **RATE PER HOUR:** Amount of supplemental benefits paid/provided per hour.
- 9) **PAID TO:** Place check mark in the appropriate box: U for Union if benefits paid to a Union, E for Employee if benefits paid in cash (or check) directly to the Employee, or O for Other, if benefits are otherwise paid / provided to the employee. If U is checked, you must insert the "Local" number of the union in that box.
- 10) **TOTAL BENEFITS PAID:** Total amount of supplemental benefits paid / provided for the workweek to the employee.
- 11) **GROSS PAY:** Total amount earned for workweek: This amount comprises the Total Base Pay plus any benefit paid in cash (or check) directly to the employee [i.e., column (7) + column (9) E if Box E is checked and payment made directly to employee]. No other type of benefit should be included in this column's total.
- 12) **TOTAL TAX AND OTHER DEDUCTIONS:** Enter the sum total of all deductions in this column (including FICA, Federal, State and City Taxes, etc.). This does not absolve you from maintaining appropriate tax and other records required by law.
- 13) **NET PAY:** Total amount of pay after all deductions (i.e., the actual Take-Home Pay).

# Certification of Payroll

Name		Contractor <input type="checkbox"/>		Subcontractor <input type="checkbox"/>		Address																	
Payroll No.		For Week Ending		Project and Location						Project No.		Contract Number											
1		2		3		4				5	6	7		8	9	10	11	12	13	14			
Employees Name, Address, and SS. No.		Legend		List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)		Time		Days and Dates				Total Hours		Rate of Pay per Hour		Supplemental Benefits			Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
		1A	1B													Rate per Hour	Paid to (Circle)	Total Paid					
						R T									U E O								
						O T									U E O								
						S T									U E O								
						R T									U E O								
						O T									U E O								
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Legend			
1A - Ethnicity	1B - Sex	3 - Time	8 - Supplemental Benefits
01 - Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I \_\_\_\_\_, am an officer of \_\_\_\_\_ Sworn to before me this \_\_\_\_\_  
 \_\_\_\_\_ and hereby certify that the information provided on the  
 attached payroll form consisting of \_\_\_\_\_ pages (with this sheet being page  
 1), for the period ending \_\_\_\_\_ represents: (a) all hours  
 actually worked by the laborers, workers and mechanics employed on the 1WTC  
 project; (b) that the employees named were paid the wages and supplements  
 recorded on the attached payroll; and (c) that all information shown on the  
 attached payroll records is true, correct and complete

\_\_\_\_\_  
 (Name of Notary Public)

STAMP

\_\_\_\_\_  
 Signature of Company Official  
 \_\_\_\_\_  
 (Name of person printed), (Title)

## CERTIFIED PAYROLL REPORT

Employer Name & Address			Name of General / Prime Contractor			Project Name & Location					Contracting Public Authority										
Check if subcontractor <input type="checkbox"/>			Week Ending			Payroll #					Project Number										
						Page _____ Of _____															
1. Employee Name, Address and Social Security Number	2. Work Class	3. Hours Worked - Day & Date							4. Project Total Hrs	5. Base Rate	6. Project Gross	7. Fringes:					8. Total Hours All Jobs	9. Total Gross All Jobs	10. Taxes Withheld	11. Other Deducts	12. NET Paid
												Cash <input type="checkbox"/>	Approved Plans <input type="checkbox"/>	Cash & Approved Plans <input type="checkbox"/>	H&W	Pens					
		OT																			
		ST																			
		OT																			
		ST																			
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		ST																			
		OT																			
		ST																			

Date \_\_\_\_\_ My signature on this form signifies that I pay, or supervise the payment of the employees shown above. I am certifying: 1) That during the pay period reported on this form, all hours worked on this project have been paid at the appropriate prevailing wage rate for the class of work done. 2) That the fringe benefits have been paid as indicated above. 3) That no rebates or deductions have been or will be made, directly or indirectly from the total wages earned, other than permissible deductions as defined in the Ohio Revised Code Chapter 4115. 4) That apprentices are registered with the U.S. Department of Labor, Bureau of Apprenticeship and Training. The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution.

Name and Title \_\_\_\_\_

Signature \_\_\_\_\_

PRIME CONTRACTOR  SUBCONTRACTOR  PAYROLL NO. \_\_\_\_\_ FINAL PAYROLL

Business Name (DBA): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ CCB Registration Number: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Street Address: \_\_\_\_\_ Project Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Project County: \_\_\_\_\_

Date Pay Period Began: \_\_\_\_\_ Date Pay Period Ended: \_\_\_\_\_

<b>THIS SECTION FOR PRIME CONTRACTORS ONLY</b>	<b>THIS SECTION FOR SUBCONTRACTORS ONLY</b>
Public Contracting Agency Name: Phone: ( ) Date Contract Specifications First Advertised for Bid: Contract Amount:	Subcontract Amount: Prime Contractor Business Name (DBA): Prime Contractor Phone: ( ) Prime Contractor's CCB Registration Number: Date You Began Work on the Project:

(1)	(2)	(3) DAY AND DATE							(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
NAME, ADDRESS AND EMPLOYEE'S IDENTIFICATION NUMBER	CLASSIFICATION (INCLUDE GROUP # AND APPRENTICESHIP STEP IF APPLICABLE)	HOURS WORKED EACH DAY							TOTAL HOURS	HOURLY BASE RATE	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED (see directions)	ITEMIZED DEDUCTIONS FICA, FED, STATE, ETC.	NET WAGES PAID	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM	
		OT															
		ST															
		Schedule: 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: _____ to _____.															
		OT															
		ST															
		Schedule: 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: _____ to _____.															
		OT															
		ST															
		Schedule: 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: _____ to _____.															
		OT															
		ST															
		Schedule: 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: _____ to _____.															

\*Although this form has not been officially approved by the U.S. Department of Labor, it is designed to meet the requirements of both the state PWR law and the federal Davis-Bacon Act.

**CERTIFIED STATEMENT**

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

I, \_\_\_\_\_,  
 (NAME OF SIGNATORY PARTY) (TITLE)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

\_\_\_\_\_ (CONTRACTOR, SUBCONTRACTOR OR SURETY)

on the \_\_\_\_\_; that during the payroll period

(BUILDING OR WORK) commencing on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ending the \_\_\_\_\_ day  
 (MONTH) (YEAR)

of \_\_\_\_\_, \_\_\_\_\_, all persons employed on said project have been paid the  
 (MONTH) (YEAR)

full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said \_\_\_\_\_

(CONTRACTOR, SUBCONTRACTOR OR SURETY) from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as specified in ORS 652.610, and as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for workers contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each worker conform with work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a state apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

I HAVE READ THIS CERTIFIED STATEMENT, KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE:

\_\_\_\_\_  
 (NAME AND TITLE)

\_\_\_\_\_  
 (SIGNATURE AND DATE)

**In addition to completing sections (1) - (3), if your project is subject to the federal Davis-Bacon Act requirements, complete the following section as well:**

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS:

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

**FILE THIS FORM WITH THE PUBLIC AGENCY ASSOCIATED WITH THE PROJECT  
 NOTE TO CONTRACTORS: YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT.  
 INSTRUCTIONS AND ADDITIONAL FORMS ARE AVAILABLE ON OUR WEBSITE: WWW.OREGON.GOV/BOLI.**

## WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or  Subcontractor (Please check one)

**ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR ADDRESS		SUBCONTRACTOR ADDRESS		 DEPARTMENT OF <b>LABOR &amp; INDUSTRY</b> <small>COMMONWEALTH OF PENNSYLVANIA</small> BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG, PA 17120 1-800-932-0665	
PAYROLL NUMBER	WEEK ENDING DATE	PROJECT AND LOCATION		PROJECT #	
		PROJECT SERIAL #		PROJECT #	

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME 0-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			HOURS WORKED EACH DAY												

\*SEE REVERSE SIDE

PAGE NUMBER \_\_\_\_\_ OF \_\_\_\_\_

**THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.**

\*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care \_\_\_\_\_
- 2) Pension or retirement \_\_\_\_\_
- 3) Life insurance \_\_\_\_\_
- 4) Disability \_\_\_\_\_
- 5) Vacation, holiday \_\_\_\_\_
- 6) Other (please specify) \_\_\_\_\_

**CERTIFIED STATEMENT OF COMPLIANCE**

1. The undersigned, having executed a contract with \_\_\_\_\_  
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)

\_\_\_\_\_ for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

(a) the legal name and the business address of the contractor or subcontractor are: \_\_\_\_\_  
 \_\_\_\_\_

(b) The undersigned is:  a single proprietorship  a corporation organized in the state of \_\_\_\_\_  
 a partnership  other organization (describe) \_\_\_\_\_

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 (SIGNATURE)

\_\_\_\_\_  
 (TITLE)

\_\_\_\_\_  
 SEAL

Taken, sworn and subscribed before me this \_\_\_\_\_ Day  
 of \_\_\_\_\_ A.D., \_\_\_\_\_



RI Clean Water Finance Agency  
235 Promenade Street, Suite 119  
Providence, RI 02908  
Tel: (401) 453-4430; Fax: (401) 453-4094

## ARRA Weekly Payroll Labor Standards Compliance Report

**Borrower** \_\_\_\_\_

**Project Name** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**DUNS Number:** \_\_\_\_\_

(check one)    **Prime Contractor** \_\_\_\_\_    **Subcontractor** \_\_\_\_\_  
                  **A/E Firm** \_\_\_\_\_                    **Other (Specify)** \_\_\_\_\_

**Payroll Period: From** \_\_\_\_\_ **to** \_\_\_\_\_    **Hrs. in Standard Work Week** \_\_\_\_\_

**Contract Hours Worked:**    **Covered By Certified Payroll** \_\_\_\_\_ **Hours**

**Not Covered By Certified Payroll** \_\_\_\_\_ **Hours**

**Total Hours Worked** \_\_\_\_\_ **Hours**

**Total Number of Personnel Worked** \_\_\_\_\_

**Total Number of Personnel Worked Not Counted In a Previous Report** \_\_\_\_\_

**Total Payroll Expenses**                    \$ \_\_\_\_\_

**Certified Payroll and Statement of Compliance Properly Completed & Signed?:** \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

  \_\_\_\_\_ **N/A not covered by certified payrolls**

**Compiled By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

*I attest that all documents used to calculate the hours worked are true and available for inspection upon request.*

\_\_\_\_\_  
**Signature of Compiler**

\_\_\_\_\_  
**Date**



**RI Department of Labor and Training - Division of Workforce Regulation & Safety  
Professional Regulation Unit/Prevailing Wage Section**

1511 Pontiac Avenue Building 70, P.O. Box 20247 Cranston, RI 02920-0943

**Rhode Island Certified Weekly Payroll**

Contractor: \_\_\_\_\_ Subcontractor: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

For Week Ending: \_\_\_\_\_ Project/ Location: \_\_\_\_\_ Wage Decision #: \_\_\_\_\_ Decision Date: \_\_\_\_\_

Name, Address and Phone Number of Employee	Work Classification Apprentice %	Date:	S	M	T	W	T	F	S	Total Hrs	Hourly Rate	Hourly Fringe Benefit	Gross	Deductions						
			Hours Worked Each Day											Social Security	Medi-care	Withheld		RI TDI	*Other	Net
																Federal	State			
		P.S.																		
		P.O.																		
		R.H.																		
		R.O.																		
		P.S.																		
		P.O.																		
		R.H.																		
		R.O.																		
		P.S.																		
		P.O.																		
		R.H.																		
		R.O.																		
		P.S.																		
		P.O.																		
		R.H.																		
		R.O.																		

**Legend:** P.S.=Prevailing Wage Standard Hours P.O.=Prevailing Wage Overtime Hours R.H.=Regular Hours R.O.=Regular Overtime Hours

**\*Note:** Deductions reported in the "other" column must be listed.

**STATEMENT OF COMPLIANCE**

I, \_\_\_\_\_ do hereby state:

*(print name and title of signatory party)*

(1) That I pay or supervise the payment of the persons employed by: \_\_\_\_\_

*(contractor or subcontractor)*

on the \_\_\_\_\_, that during the payroll period commencing on

*(project)*

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and ending on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

*(day)*

*(month)*

*(year)*

*(day)*

*(month)*

*(year)*

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said \_\_\_\_\_ from the full weekly wages earned by any person and that no deductions have been

*(contractor or subcontractor)*

made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Rhode Island General Law Chapter 28-14.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in the appropriate wage determination for the project; that the classifications set forth therein for each laborer or mechanic conform with the work they performed.

(3) That the apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Rhode Island State Apprenticeship Council.

(4) That:  **(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made when due, to appropriate programs for the benefit of such employees.

Fringe Benefits Explanation: Bona fide fringe benefits are those paid to approved plans, funds or programs except those required by Federal or State Law.

Please specify the type of benefits provided:

1.) Medical or hospital care: \_\_\_\_\_

4.) Disability: \_\_\_\_\_

2.) Pension or Retirement: \_\_\_\_\_

5.) Vacation, sick, holiday: \_\_\_\_\_

3.) Life Insurance: \_\_\_\_\_

6.) Other (please specify): \_\_\_\_\_

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the rate schedule.

(5) In accordance with Chapter 37-13-13, it is mandatory that contractors use these forms for all Rhode Island Department of Labor requests for certified copies of payroll. Failure to submit information on these forms will constitute non-compliance by the responding contractor. These forms must be signed by the owner or an officer of the corporation, certifying that this is a true and exact copy of their payroll records.

PLEASE PRINT Name and title of owner or officer of the corporation

SIGNATURE

DATE

Moreover, any person, firm or corporation who willfully makes a false or fraudulent statement herein shall be referred to the Rhode Island Attorney General for possible criminal prosecution, including fines and imprisonment, and face civil penalties of up to \$15,000 per misrepresentation



Prime Contractor

Subcontractor

# CERTIFIED PAYROLL REPORT

Project Name	County	Project or Contract#
Project Address	City	State

For the week ending:	Awarding Agency Name	Phone	Company Name	Phone
Month Day Year	Address	City State ZIP+4	Address	City State ZIP+4

Work Classification and Soc Sec# of Employee	Name and Address	Overtime or Regular	Day and Date							Total Hours	Rate of Pay	Gross Amount Earned	Total Hourly "Usual Benefits"	Deductions			NET WAGES
			Sun	Mon	Tue	Wed	Thu	Fri	Sat					FICA	Withholding Tax	Other	
			Hours Worked Each Day														
1.		OT															
		RG															
2.		OT															
		RG															
3.		OT															
		RG															
4.		OT															
		RG															
5.		OT															
		RG															
6.		OT															
		RG															
7.		OT															
		RG															
8.		OT															
		RG															
9.		OT															
		RG															
10.		OT															
		RG															

# AFFIRMATION

Today's Date	Printed name of party signing this report	Title
The party signing this report pays or supervises the (Name of contractor or subcontractor) payment of the persons employed by:		
Project Name:	For the week starting:	For the week ending:

**“USUAL BENEFITS” DISTRIBUTION (Please report in “per hour” terms)**

Work Classification	Total Hourly “Usual Benefits” (A + B + C + D + E)	(A) Hourly Pension	(B) Hourly Medical	(C) Hourly Vacation	(D) Hourly Holiday	(E) Approved Apprentice Program
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

The party signing below **AFFIRMS** the following:

- (1) All information contained in this Certified Payroll Report, including any addenda, is correct and complete.
- (2) The wage rates for workers, laborers or mechanics as reported above are not less than the applicable wage rates contained in any wage determination related to the contract; and the classifications as reported above for each worker, laborer or mechanic conform with the actual work performed by such worker, laborer or mechanic.
- (3) The payments of usual benefits as listed above have been or will be made to appropriate approved plans, funds or programs for the benefit of such employees.
- (4) All persons employed on the above-referenced project(s) have been paid the full weekly wages earned, and no rebates have been or will be made either directly or indirectly to or on behalf of the above-named contractor or subcontractor from the weekly wages earned by any person. No deductions, other than those which are legally permissible, have been made by any person either directly or indirectly from the full wages earned.
- (5) Any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Washington State Apprenticeship and Training Council.

**Falsification of any of the above statements is a violation of RCW 39.12.050 subject to prosecution, sanctions, and penalties.**

Print or type name of party signing this report	Title	Signature
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