

CONTRACTOR OR SUBCONTRACTOR NAME	CONTRACTORS LICENSE #	ADDRESS
	SPECIALTY LICENSE #	
PAYROLL NO.	SELF INSURED CERTIFICATE #	PROJECT OR CONTRACT NO.
FOR WEEK ENDING	WORKERS COMPENSATION POLICY #	PROJECT AND LOCATION

(1) EMPLOYEE'S NAME, ADDRESS AND SOCIAL SECURITY #	(2) # WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) STRAIGHT TIME OVER TIME	(5)							(6) TOTAL HOURS WORKED	(7) HOURLY RATE OF PAY	(8)		(9)								(10) CHECK NUMBER	
				DAY									GROSS AMOUNT EARNED ON PROJECT(S)	DEDUCTIONS, CONTRIBUTIONS, AND PAYMENTS										
				S	M	T	W	Th	F	S				THIS	ALL	FEDERAL TAXES	FICA (SOC SEC)	STATE TAXES	SDI	VACATION HOLIDAY	HEALTH & WELFARE	PENSION		TRAINING
				DATE												FUND ADMIN.	DUES	TRAVEL & SUBS	SAVINGS	MEDICARE	OTHER	TOTAL DEDUCTS		NET PAID FOR WEEK
HOURS WORKED EACH DAY																								
			S																					
			O																					
			S																					
			O																					
			S																					
			O																					

S = Straight Time O = Overtime * OTHER Any other deductions, contributions, and/or payments whether or not required by prevailing wage determinations must be separately listed. Use extra sheets if necessary. CERTIFICATION must be completed (see back)

12ND WESTDIV 4295/1 (Rev. 5-03) (Back)

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)

and 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

(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. 537; 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 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) The contractor, or subcontractor as appropriate, hereby states that:

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

In addition to the basic hourly wage rates paid to each employee listed in the above referenced payroll, payments to 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 employee 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 <i>(Craft)</i>	EXPLANATION
REMARKS	
NAME AND TITLE	SIGNATURE

The willful falsification 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.