

**PAYROLL**

(For Contractor's Optional Use: See Instructions, Form WH-347 Inst.)

*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.: 1215-0149 Expires: 12/31/2011
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PAYROLL No.	FOR WEEK ENDING	PROJECT AND LOCATION										PROJECT/CONTRACT NO.								
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Withholdr Exemptions	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY/CASH FRINGES	(7) GROSS AMOUNT EARNED - THIS JOB/ALL JOBS	(8) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS					(9) NET WAGES PAID FOR WEEK		
			Over/Time	Straight	Time										FWH	MCARE	FICA		STWH	OTHER
																	#1			
																	#2			
																	#3			
																	#4			

Sample Certified Payroll Report Form

OTHER DEDUCTIONS KEY CODING:

Date: **1 - Date**

I, **2 – Your Name, and Your Title** do hereby state:

(1) That I pay or supervise the payment of the persons employed by **3 - Company** on the **4 – Project/Job Name** ; that during the payroll period commencing on the **5 – Work Week Beginning Date** day of **6 - Month, 7 - Year** , and ending the **8 – Work Week Ending Date** day of **9 - Month , 10 - 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 **11 - Company** from the full weekly 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:

**12 – Deduction Statement**

(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

**13**  - 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 **14**

EXCEPTION (CRAFT)	EXPLANATION

REMARKS: **15**

NAME AND TITLE	SIGNATURE
<b>16 – Your Name, 17 – Your Title</b>	<b>18</b>
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.	

Revised December 2008, Expires 12/31/2011.