

<b>COLORADO DEPARTMENT OF TRANSPORTATION CONTRACTOR WAGE COMPLIANCE STATEMENT</b>		Project Code: <b>Serial/SA #</b>
		Project #: <b>Fed Proj #/St Proj #</b>
		Project Location: <b>{From the QB Job Record "Ship To"} Federal Project 07-176 Berlin, CO 06489</b>
<b>Contractor/subcontractor</b>		
<p><b>Completion of the payroll supervisor appointment and perjury statement is required by the U.S. Department of Labor and is included on this form.</b> 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.</p>		
Contractor/subcontractor name <b>Colorado Certified Payroll Reporting</b>	Payroll # <b>1</b>	Payroll Period <b>10/01/2000 to 10/07/2000</b>
<b>Fringe benefit information:</b>		
Name(s)/addresses of fringe benefit administrator(s):		
Contact person and phone number(s):		Phone #
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 checked="" type="checkbox"/> cash <input checked="" type="checkbox"/> health insurance \$ <b>1.00</b> <input checked="" type="checkbox"/> dental insurance \$ <b>0.75</b> <input checked="" type="checkbox"/> life insurance \$ <b>1.25</b>	<input checked="" type="checkbox"/> pension \$ <b>1.00</b> <input type="checkbox"/> vacation \$ <b>0.00</b> <input type="checkbox"/> holiday \$ <b>0.00</b> <input type="checkbox"/> other <b>Other Bene</b> \$ <b>0.00</b>	
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: **03/16/2011** (Name of signatory party) **Nancy Smyth, CQA** (Title) **Payroll Administrator** do hereby state:

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

(Contractor or Subcontractor) **Colorado Certified Payroll Reporting** On the (Building or Work) **Contractor One Fed Proj # St Proj #**

That during the payroll period commencing on the

(Day, Month, Year) **01 October 2000** And ending the (Day, Month, Year) **07 October, 2000**

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) **Colorado Certified Payroll Reporting**

From the full 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:

**Deductions are based on gross wages and include but are not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments. Explanations for deductions listed in the "Other" Column are described on the Certified Payroll Report.**

(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 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, excepted 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 <b>Nancy Smyth, CQA , Payroll Administrator</b>	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.