## MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

Sample Company		#INS	).:	Payroll No			0.:	Phone N							s:	Addres			Company's Name:
Employer Signature:		5	1				-1234	555-555						Drive	keview	456 La			Sample Company
Donn Smith   President   22354   22-1234567   09/21/2018	M NOTT	SAM	'										7	K 6598	own, Ol	Fun To			
Agency or Authority's Name:   Agency or Authority   Sample Project 1   Sample Project 1						1	No:												Employer Signature:
Agency or Authority   Sample Project 1   Sample Project of or demonstration only   Sample Project for demonstration only   Sample Project for demonstration only   Sample Project for demonstration only   Sample Company   Sampl			18	09/21/20	67	22-123456		22354							ent	Presid			John Smith
Sample project for demonstration only   Anywhere, US 5555-5555    Ceneral / Prime Contractor's Name:   Subcontractor's Name:   Sample Company   Sample Compan		Number											Name:						
ABC Company   Sample			456	1000023			•				only	tration	lemons						Agency or Authority
Employee   SoShA 10   Certified (?)   Sa Su Mo Tu We Th Fr All Other Hours (B)   Fr All Other Hours (B)   Fr All Other Hours (B)   Certified (P)   Certified			tributions	Benefit Con	Hourly Fringe	"Employer" I							e:	's Name	ntractor	Subcor		Name:	General / Prime Contractor's
Employee is Corplete   Certified (?)   Classification:   Certified (?)   Corrigination   Certified (?)   Corrigination   Certified (?)   Classification:   Certified (?)   Cla		[A x F]	[B+C+D+E]											any	e Comp	Sample			ABC Company
David Lakomyeggo	G)				Pension	Welfare	Base	Hours			ked	urs Wor	Но						
Jane Doe   X   Heavy Highway Labor   0 0 8 8 8 8 8 8 8 8 40   31.00   1.50   2.50   6.00   41.00   1240.00	Check No. (H)	Total Gross Wages	(F)	(E)			•		Fr	Th	We	Tu	Мо	Su	Sa				
Jane Doe   Heavy Highway Labor   0 0 8 8 8 8 8 8 8 8 8 40   31.00   1.50   2.50   6.00   41.00   1240.00	# 6246	2000.00	50.00	9.00	3.00	3 00	35 00	40	8	0	0	8	8	8	8		Laborer		David Lakomyeggo
Susan Anthony   Truck Driver   Color   Color			00.00	0.00	0.00	0.00	00.00												
Susan Anthony   Truck Driver   Color   Color	# 6241	1640.00	41.00	6.00	2.50	1.50	31.00	40	8	8	8	8	8	0	0			X	Jane Doe
X		1240.00																	
Marie Smith    Heavy Highway Pipe Fitter	# 6242	960.00	40.00	9.00	3.00	3.00	25.00	24	8	0	8	0	8	0	0		Laborer	X	Johnny Doe
X   Pipe Fitter	,	1048.00						16	0	8	0	8	0	0	0				
Susan Anthony  Truck Driver  0 0 8 8 8 8 8 8 40 25.00 3.00 3.00 9.00 40.00  1600.00  Tom Jones  Heavy  0 0 8 8 8 8 8 8 8 40 25.00 3.00 3.00 9.00 40.00	# 6245	1704.00	71.00	15.00	5.50	4.50	46.00	24	0	0	0	0	8	8	8			Y	Marie Smith
Tom Jones		1552.00						16	8	0	0	8	0	0	0				
Tom Jones	# 6243	1600.00	40.00	9 00	3.00	3 00	25 00	40	8	8	8	8	8	0	0		Truck Driver		Susan Anthony
		1000.00	.0.00	0.00	0.00	0.00	20.00											Ш	
X   Cyclipment   28.00   1.50   2.50   6.00   38.00   1120.00	# 6244		38.00	6.00	2.50	1.50	28.00	40	8	8	8	8	8	0	0		Equipment	X	Tom Jones
	1	1120.00																	
	1																		

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 received b	y awarding a	uthority
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## WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c149, section 27B, a true and accurate record must be kept of all persons employed on the public works construction project for which the enclosed rates have been provided. The Weekly Payroll Report Form 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 project.

In addition, every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority. This is required to be done on a weekly basis. Once collected, the awarding authority is required to preserve those records for three years.

In addition, each such contractor, subcontractor or public body shall furnish to the Executive Office of Labor 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:

		Date:	09/24/2018
I, John Smith		President	
(Name of signatory party)		(Title)	
do hereby state:			
That I pay or supervise the payment of the	e persons employe	ed by	
Sample Company	on the	Sample project for dem	onstration only
(Contractor, subcontractor or public body)		(Duilding on mag	ioat)
(Contractor, subcontractor or public body)		(Building or pro	ject)
and that all mechanics and apprentices, te		rs and laborers emplo	oyed on
and that all mechanics and apprentices, te said project have been paid in accordance	with wages deter	rs and laborers emplormined under the prov	oyed on visions
and that all mechanics and apprentices, te said project have been paid in accordance of sections twenty-six and twenty-seven of General Laws.	with wages deter	rs and laborers emplormined under the prov	oyed on visions
and that all mechanics and apprentices, te said project have been paid in accordance of sections twenty-six and twenty-seven o	with wages deter of chapter one hun	rs and laborers emplormined under the prov	oyed on visions