



**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 checked="" type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor ABC Contractors		Address: 210 Lakeview Road Sometown, MO 99999										Phone Number: (555) 555-5555								
Name of Public Body Public Body Name		Address: Public Body address										Phone Number: 222-222-2222								
Payroll No.: 55-5555555		For Week Ending: 07/08/2012		Project and Location: Sample project for demonstration only										Project or Contract No.: 54-67-89						
Name and Address of Employee	Occupational Title ***	OT or ST	Day and Date							Total Hours	Hourly Rate of Pay	Gross Amt	Deductions					Net Wages Paid for Week		
			07/02	07/03	07/04	07/05	07/06	07/07	07/08				Project Week	FICA & Medicare	Federal & State Withholding Tax	Other Tax	Other Ded.		Total Deductions	
			Mo	Tu	We	Th	Fr	Sa	Su											
			Hours Worked Each Day																	
Jane Doe 71 Pineapple Lane Sometown, MO 99999 xxx-xx-9999	Laborer	O	2	2	0	0	0	0	0	4	21.00	644.00 644.00	36.39	105.37	34.78	0.00	176.54	467.46		
		S	8	8	8	8	8	0	0	40	14.00									
John Doe P.O. Box 999 Sometown, MO 99999 xxx-xx-9999	Pipe Fitter	O	2	2	0	0	0	0	0	4	27.00	828.00 828.00	46.78	155.38	44.71	0.00	246.87	581.13		
		S	8	8	8	8	8	0	0	40	18.00									
John Q. Public 2300 Arena Avenue Sometown, MO 99999 xxx-xx-9999	Sheetmetal Worker	O	2	2	0	0	0	0	0	4	30.00	920.00 920.00	51.98	105.52	49.68	0.00	207.18	712.82		
		S	8	8	8	8	8	0	0	40	20.00									
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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. ***

Date 07/20/2012
 I, Cory Smith, President
(Name of Signatory Party) (Title)

do hereby state:
 (1) That I pay or supervise the payment of the persons employed by:
ABC Contractors on the
(Contractor or Subcontractor)
building or work; that during the payroll period commencing on the
(Building or Work)
02 day of July, 2012, and ending the 08 day of July, 2012,
 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
ABC Contractors 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 legally permissible deductions, that full and accurate records
 clearly indicating names, occupations, and crafts of every worker employees by them in connection with the
 public work together with an accurate record of the number of hours worked by each worker and the actual
 wages paid for each class or type of work performed and deduction made for each worker have been prepared,
 that these payroll records are kept and have been provided for inspection to the authorized representative of the
 contracting public body and will be available as often as may be necessary and such records shall not be
 destroyed or removed from the state for the period of one year following the completion of the public work in
 connection with which the records are made.

(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 order incorporated into the contract; that the
 occupational title set forth herein 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 a bona fide
 apprenticeship program registered with a state apprenticeship agency recognized by the Office of
 of Apprenticeship (OA), U.S. Department of Labor (USDOL), or if no such recognized agency exists
 in a state, are registered with the OA, USDOL.

FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be
 made the appropriate programs for the benefit of these employees as shown in the following chart (if fringe
 benefit amounts paid are the same for all employees, you may list the amount of each such identical fringe
 payment only once in the appropriate column; if the fringe amounts vary by employee, list each employees
 name and set out the amounts paid on behalf of each employee for each fringe benefit):

Employee Name	H&W	Pens	Vac	App	Oth	Hol	Union	Total
Jane Doe	1.00	1.50	2.00	1.00	1.50	2.00	1.50	10.50
John Doe	1.00	1.50	2.00	1.00	1.50	2.00	1.50	10.50
John Q. Public	1.00	1.50	2.00	1.00	1.50	2.00	1.50	10.50

*If "Other/Deductions" or Fringes, please explain:

Other Deduction or Fringes explanation

Identify by name plan, fund or programs to which fringe benefits are paid:

Fund name, plan name, or program name for fringes

Name and Title Cory Smith - President	Signature
The falsification of any of the above statements may subject the contractor or subcontractor to criminal prosecution. See Sections, 290.340, 570.090, 575.050 and 575.060, RSMo.	