

Department of Labor & Industries
 Prevailing Wage Program
 PO Box 44540
 Olympia, WA 98504-4540
 (360) 902-5335



CERTIFIED PAYROLL REPORT

Prime Contract
 Subcontract

Project Name Sample project for demonstration only	County Some County	Project or Contract# 54-67-89
Project Address 900 Spring Ridge Drive Sometown, WA 99999		

For the week ending: Month Day Year 07/10/2011	Awarding Agency Name Awarding Agency	Phone 222-222-2222	Company Name ABC Contractors	Phone (555) 555-5555
Address 975 Some Street, Sometown WA 11111		Address 210 Lakeview Road Sometown, WA 99999		

Work Classification and Soc Sec# of Employee	Name and Address	O T or R G	Day and Date							Total Hours	Rate of Pay	Gross Amount Earned		Total Hourly "Usual Benefits"	Deductions			NET WAGES	
			Mo	Tu	We	Th	Fr	Sa	Su			This Project	All Projects		FICA	Withhold-ing Tax	Other		
			07/04	07/05	07/06	07/07	07/08	07/09	07/10										
Hours Worked Each Day																			
Pipe Fitter xxx-xx-9999	Jane Doe 71 Pineapple Lane Sometown, WA 99999	OT	0	0	0	0	0	0	0	0	27.00	0.00	\$432.00	\$720.00	10.50	40.68	95.38	38.88	\$545.06
		RG	0	8	8	8	0	0	0	24	18.00	432.00							
Sheetmetal Worker xxx-xx-9999	John Doe P.O. Box 999 Sometown, WA 99999	OT	0	0	0	0	0	0	0	0	30.00	0.00	\$480.00	\$800.00	10.50	45.20	115.38	43.20	\$596.22
		RG	0	8	8	8	0	0	0	24	20.00	480.00							
Truck Driver xxx-xx-9999	John Q. Public 2300 Arena Avenue Sometown, WA 99999	OT	0	0	0	0	0	0	0	0	33.00	0.00	\$528.00	\$880.00	10.50	49.72	71.52	47.52	\$711.24
		RG	0	8	8	8	0	0	0	24	22.00	528.00							
Laborer xxx-xx-9999	John Smith 36 Mimosa Lane Sometown, WA 99999	OT	0	0	0	0	0	0	0	0	21.00	0.00	\$336.00	\$560.00	10.50	31.64	59.10	30.24	\$439.02
		RG	0	8	8	8	0	0	0	24	14.00	336.00							
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		RG																	
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AFFIRMATION

Today's Date 07/22/2011	Printed name of party signing this report Cory Smith	Title President
The party signing this report pays or supervises the (Name of contractor or subcontractor) payment of the persons employed by: ABC Contractors		
Project Name: Sample project for demonstration only	For the week starting: July 04 , 2011	For the week ending: July 10 , 2011

"USUAL BENEFITS" DISTRIBUTION (Please report in "per hour" terms)						
Work Classification	Total Hourly "Usual Benefits" (A + B + C + D + E)	(A) Hourly Pension	(B) Hourly Medical	(C) Hourly Vacation	(D) Hourly Holiday	(E) Approved Apprentice Program
Laborer	\$5.00	\$2.00	\$2.00	\$1.00		

The party signing below **AFFIRMS** the following:

- (1) All information contained in this Certified Payroll Report, including any addenda, is correct and complete.
- (2) The wage rates for workers, laborers or mechanics as reported above are not less than the applicable wage rates contained in any wage determination related to the contract; and the classifications as reported above for each worker, laborer or mechanic conform with the actual work performed by such worker, laborer or mechanic.
- (3) The payments of usual benefits as listed above have been or will be made to appropriate approved plans, funds or programs for the benefit of such employees.
- (4) All persons employed on the above-referenced project(s) have been paid the full weekly wages earned, and no rebates have been or will be made either directly or indirectly to or on behalf of the above-named contractor or subcontractor from the weekly wages earned by any person. No deductions, other than those which are legally permissible, have been made by any person either directly or indirectly from the full wages earned.
- (5) Any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Washington State Apprenticeship and Training Council.

Falsification of any of the above statements is a violation of RCW 39.12.050 subject to prosecution, sanctions, and penalties.

Print or type name of party signing this report Cory Smith	Title President	Signature
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