

**ILLINOIS DEPARTMENT OF LABOR  
Certified Transcript of Payroll**

Payroll Number: 1

IDOL Case File Number: 01/05/06

Payroll Date: 07/21/2013

**\*\*\*\*\*Please Note: The submission of falsified payroll records is a criminal offense. \*\*\*\*\***

Contractor and/or Subcontractor		Contract Information			Public Body Information				
Contact Person:	55-5555555	Contract Number:	65498-32		Contact Person:	Public Body Contact name			
Company Name:	ABC Contractors	Project Number:	65498-32		Public Body Name:	Sample Agency			
Address:	210 Lakeview Road	Project:	Project for demonstration purposes only			Address:	123 Some Street		
City, State, Zip:	Sometown, IL	Project Location:	1800 Skyview Drive		City, State, Zip:	Some City, IL 11111			
Telephone:	(555) 555-5555		Sometown, IL 55555-2365		Telephone:	222-222-1212			

Report Hours for Each Day, Including Overtime Hours. List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Employee Name, Address SSN & Telephone Number	Labor Classification	* Hours Worked Each Day							Tot Hrs Each PW and Reg.	Total OT Hrs	Hourly Wage Rate	OT Wage Rate	Per Pay Period		Hourly Fringe Benefit					
		Mo	Tu	We	Th	Fr	Sa	Su					Gross	Net	H&W	Pens	Vac	App	Other	
Jane Doe 71 Pineapple Lane Sometown, IL 99999 P:(111)111-1111 S:xxx-xx-9999	LA	PW	0	0	0	4	4	4	0	12	0	14.00	21.00	168.00	454.13	1.00	1.50	2.00	1.00	5.00
		N	0	8	8	4	4	4	8	36	0	13.56	0.00	488.00						
John Doe P.O. Box 999 Sometown, IL 99999 P:(111)111-1112 S:xxx-xx-9999	PP	PW	0	0	0	4	4	4	0	12	0	18.00	27.00	216.00	535.56	1.00	1.50	2.00	1.00	5.00
		N	0	10	8	4	4	4	0	30	2	18.00	27.00	558.00						
John Q. Public 2300 Arena Avenue Sometown, IL 99999 P:(111)111-1113 S:xxx-xx-9999	EL	PW	0	0	0	0	4	4	0	8	0	20.00	30.00	160.00	694.10	1.00	1.50	2.00	1.00	5.00
		N	0	10	10	8	4	4	0	36	4	20.00	30.00	760.00						
		PW																		
		N																		
		PW																		
		N																		
		PW																		
		N																		
		PW																		
		N																		

**INSTRUCTIONS:** Fringe benefits (health insurance, pension, vacation, and training) must be paid, if it is required for the work classification, regardless of your union or nonunion status. We give you credit for health insurance paid (if any) and ERISA approved pension plan (if any) and training if your employees are in a BAT approved program. If the fringe benefit rate is paid to a fund, please note by placing the letter "F" behind the fringe benefit rate; if the fringe benefit rate is included on an employee's payroll check, please note by placing the letter "E" behind the fringe benefit rate. On the back of this form please list all subcontractors, independent contractors and owner operators your company used on this project. If you wish information regarding coverage of the Act, please visit our web site at [www.state.il.us/agency/idol/](http://www.state.il.us/agency/idol/) or call 217-782-1710.  
\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked



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## AFFIDAVIT

Weekly Statement of Compliance

Date: 07/21/2013

I, Cory Smith,  
(name signatory party)  
President, do  
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project Project for demonstration purposes only;  
(name of project)

that during the payroll period commencing on the 15 day of July, 2013,  
(day) (month) (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

ABC Contractors

(name of contractor or subcontractor)

from the weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State law. I further certify that this payroll is correct and complete; that the wage rates contained therein are not less than the actual rates herein stated and that the classification set forth for each laborer or mechanic conform to the work he/she performed.

Cory Smith

Signature

## SUBCONTRACTORS

Attach explanation of monies paid, copy of contract or billing, or other pertinent information.

Company Name: Brown's Sub

Contact Person: Mr John Brown

11121 Some Street

(Address)

Some City, IL 12121

(City) (State) (zipcode)

Telephone Number: 121-222-5555

Company Name: Smith's Electric

Contact Person: Mark Smith

352 Some Street

(Address)

Some City, IL 12121

(City) (State) (zipcode)

Telephone Number: 212-555-5555

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_