

Certified Transcript of Payroll

IDOL Case File Number: 1000023456

Payroll Start: 09/15/2018

Payroll End: 09/21/2018

Contractor and/or Subcontractor

Public Body Information

Proj#12321/SP678 (Contract Number) 22354 (Project Number) Sample Project 1 - Sample project for demonstration only (Project Location)	Sample Company (Company Name) 55 Lakeview Drive (Street Address) Sometown, US 55555-5555 (City/State/Zipcode)	22-1234567 (Contact Name) 555-555-1234 (Telephone Number)	Agency or Authority (Public Body Name) 1234 Agency Ave (Street Address) Right Here, USA 22354 (City/State/Zipcode)	Sam Smith (Contact Name) 555-898-6398 (Telephone Number)
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Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours Worked Each Day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		Sa	Su	Mo	Tu	We	Th	Fr					Gross	Net
David Lakomyeggo	PW	8	8	8	8	0	0	8	40	0	35.00	50.00	1400.00	1078.64
	N													
Labor Classification Laborer	Hourly Fringe Benefit: Med: <input type="text" value="3.00"/> Pens: <input type="text" value="3.00"/> Ins: <input type="text" value="3.00"/> Dis: <input type="text" value="3.00"/> Other: <input type="text" value="3.00"/>													
Jane Doe	PW	0	0	8	8	8	8	8	40	0	31.00	44.00	1240.00	852.23
	N													
Labor Classification Heavy Highway Laborer	Hourly Fringe Benefit: Med: <input type="text" value="1.50"/> Pens: <input type="text" value="2.50"/> Ins: <input type="text" value="3.00"/> Dis: <input type="text" value="0.00"/> Other: <input type="text" value="3.00"/>													
Johnny Doe	PW	0	0	8	0	8	0	8	24	0	25.00	37.50	600.00	799.52
	N	0	0	0	8	0	8	0	16	0	28.00	0.00	448.00	
Labor Classification Laborer	Hourly Fringe Benefit: Med: <input type="text" value="3.00"/> Pens: <input type="text" value="3.00"/> Ins: <input type="text" value="3.00"/> Dis: <input type="text" value="3.00"/> Other: <input type="text" value="3.00"/>													

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

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

Worker Name, Address Last Four of SSN & Telephone Number		* Hours Worked Each Day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		Sa	Su	Mo	Tu	We	Th	Fr					Gross	Net
Marie Smith	PW	8	8	8	0	0	0	0	24	0	46.00	69.00	1104.00	1256.40
	N	0	0	0	8	0	0	8	16	0	28.00	0.00	448.00	
Labor Classification Heavy Highway Pipe Fitter	Hourly Fringe Benefit: Med: <input type="text" value="4.50"/> Pens: <input type="text" value="5.50"/> Ins: <input type="text" value="6.00"/> Dis: <input type="text" value="3.00"/> Other: <input type="text" value="11.00"/>													
Susan Anthony	PW	0	0	8	8	8	8	8	40	0	25.00	37.50	1000.00	804.47
	N													
Labor Classification Truck Driver	Hourly Fringe Benefit: Med: <input type="text" value="3.00"/> Pens: <input type="text" value="3.00"/> Ins: <input type="text" value="3.00"/> Dis: <input type="text" value="3.00"/> Other: <input type="text" value="3.00"/>													
Tom Jones	PW	0	0	8	8	8	8	8	40	0	28.00	42.00	1120.00	842.28
	N													
Labor Classification Heavy Equipment Operator	Hourly Fringe Benefit: Med: <input type="text" value="1.50"/> Pens: <input type="text" value="2.50"/> Ins: <input type="text" value="3.00"/> Dis: <input type="text" value="0.00"/> Other: <input type="text" value="3.00"/>													

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**



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AFFIDAVIT

Weekly Statement of Compliance

Date: 09/21/2018

I, John 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 Sample project for demonstration only;
(name of project)

that during the payroll period commencing on the 15 day of September, 2018,
(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

Sample Company
(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.

Signature

Digital Signature

John Smith

FRINGES

Health Fund Enter any exceptions here

Health Address Enter any exceptions here

Health Sponsor Enter any exceptions here

Health Admin Enter any exceptions here

Pension Fund Enter any exceptions here

Pension Address Enter any exceptions here

Pension Sponsor Enter any exceptions here

Pension Admin Enter any explanations here

401(k) Fund Enter any explanations here

401(k) Address Enter any explanations here

401(k) Sponsor Enter any explanations here

401(k) Admin Enter any explanations here

Vacation Fund Enter vacation

Vacation Address Enter address

Vacation Sponsor Enter vacation sponser name

Vacation Admin Enter vacation admin

Enter any other information here...

SUBCONTRACTORS

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

Company Name: Mark Smith Landscaping

Contact Person: Mark Smith

12359 Smith Road

(Address)

Smithtown, PA 00000

(City) (State) (zipcode)

Telephone Number: 555-555-1111

Company Name: Crown Royal Plumbing

Contact Person: Queen Royal

1 Royal Drive

(Address)

Lancaster, PA 17500

(City) (State) (zipcode)

Telephone Number: 555-788-4652

Company Name: High Roofs & Construction Inc

Contact Person: Jack Beanstalk

4488 S High St

(Address)

Workville NY 56422

(City) (State) (zipcode)

Telephone Number: 555-779-8523



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(name signatory party)
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(Title)

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(name of project)

that during the payroll period commencing on the 15 day of September, 2018,
(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

Sample Company
(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.

Signature

Digital Signature

John Smith

FRINGES

Health Fund Enter any exceptions here

Health Address Enter any exceptions here

Health Sponsor Enter any exceptions here

Health Admin Enter any exceptions here

Pension Fund Enter any exceptions here

Pension Address Enter any exceptions here

Pension Sponsor Enter any exceptions here

Pension Admin Enter any explanations here

401(k) Fund Enter any explanations here

401(k) Address Enter any explanations here

401(k) Sponsor Enter any explanations here

401(k) Admin Enter any explanations here

Vacation Fund Enter vacation

Vacation Address Enter address

Vacation Sponsor Enter vacation sponser name

Vacation Admin Enter vacation admin

Enter any other information here...

Company Name: Power Electric

Contact Person: Elektra Power

112264 Some St

(Address)

Some City, MD 41052

(City) (State) (zipcode)

Telephone Number: 555-401-5051

Company Name: TestSub

Contact Person: Test Sub

866 Testing Sub lane

(Address)

Subcontractor DE 95536

(City) (State) (zipcode)

Telephone Number: 555-894-2314

Company Name: _____

Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____