

State of Minnesota Prevailing Wage Payroll Report - Submit to Contracting Agency and Project Manager

The Contractor and subcontractor(s) shall furnish this completed form via E-mail as an MS Excel attachment not more than 14 days after the end of each pay period. The e-mail address to send this form to was given in the solicitation or purchase order. The Subject Line of the E-Mail must contain the Contracting Firm's Name and Contract/Purchase Order Number. Copies of the Prevailing Wage payroll Information Form and the Statement of Compliance Form are available on The MMD website at www.mmd.admin.state.mn.us/mn02000.htm.

All Payrolls must be certified by attaching to each report a completed and executed Statement of Compliance, Minnesota Prevailing Wage Statutes.

Name of Contractor or Subcontractor		ABC Contractors							Prime Contractor Name		ABC Contractors												
Address and Telephone #		210 Lakeview Road Sometown, PA 99999							Address and Telephone #		210 Lakeview Road Sometown, PA 99999												
State Project/Contract Number		65498-32			Pay Period End Date		08/30/2009		Project Location			Another project for demonstration purposes only				Payroll #	1						
(1)	(2)	(3)	(4)	(5)Day of Week (M,T,W,R,F,S,Su) Date (xx/xx)					(6)	(7)	(8)	(9)	(10) Deductions					(11)					
Employee Name *Employee Identification Number (DO NOT provide Social Security No.)	# of Exemptions	Labor Code and Classification Title	OT & ST	08/24	08/25	08/26	08/27	08/28	08/29	08/30	Total Hours This Job	Hourly Rates of Pay	Gross Amount Earned This Job	Gross Amount Earned This Pay Period	FICA	Federal Tax	State Tax	Local Tax	Other Tax	Other Ded.	Total Deductions	Total net Wages Paid	
				Mo	Tu	We	Th	Fr	Sa	Su													
				Hours Worked Each Day																			
Jane Doe xxx-xx-9999	0	5546- Pipe Fitter	O	0	0	0	0	0	0	0	0	27.00	432.00	720.00	55.08	100.71	41.15	0.00	38.88	0.00	235.82	484.18	
			S	0	8	8	8	0	0	0	24	18.00											
John Doe xxx-xx-9999	0	2374- Sheetmetal Worker	O	0	0	0	0	0	0	0	0	30.00	480.00	768.00	58.75	112.71	44.53	0.00	41.47	0.00	257.46	510.54	
			S	0	8	8	8	0	0	0	24	20.00											
John Q. Public xxx-xx-9999	2	1245- Truck Driver	O	0	0	0	0	0	0	0	0	33.00	528.00	752.00	57.53	55.35	25.73	0.00	40.61	0.00	179.22	572.78	
			S	0	8	8	8	0	0	0	24	22.00											
John Smith xxx-xx-9999	1	0123- Laborer	O	0	0	0	0	0	0	0	0	21.00	336.00	560.00	42.84	59.37	25.26	0.00	30.24	0.00	157.71	402.29	
			S	0	8	8	8	0	0	0	24	14.00											
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*Pursuant to the Minnesota Government Data practices Act, all of the data provided hereunder will be public data, which is available to anyone upon request. DO NOT provide any confidential data such as social security numbers or home addresses on this form. This data is collected pursuant to Minnesota Stat. § 177.30 Sub. 4 and 177.43 Sub. 3. If you have questions regarding the prevailing Wage Laws, contact the Department of Labor and Industry at 651.284.5091. This form last revised 07/21/09.

**STATEMENT OF COMPLIANCE
CONTRACTOR - SUBCONTRACTOR
MINNESOTA PREVAILING WAGE STATUTES**

REPORT NUMBER 1	CONTRACT OR PURCHASE ORDER NUMBER 65498-32	DATE 09/02/2009
CONTRACTOR / SUBCONTRACTOR NAME ABC Contractors		PHONE NUMBER (555) 555-5555
ADDRESS 210 Lakeview Road Sometown, PA 99999		CONTRACT NUMBER 65498-32
TYPE OF WORK Building or Work		PROJECT NUMBER 72-B

(Complete as described on solicitation documents)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, Cory Smith President do hereby state:
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by ABC Contractors on said Contract; that during the payroll period commencing on the 24 day of August of the year 2009 and ending the 30 day of August of the year 2009 there were employees performing covered work on said Contract. That all persons performing work under said Contract are listed on the payroll and have been paid the full prevailing wages for all hours worked under said Contract, that no rebates and or deductions have or will be made either directly or indirectly to or on behalf of said ABC Contractors

(Contractor or Subcontractor)

from the full wages earned by any person, other than permissible deductions as defined in Minnesota Statutes 177.24, Subdivision 4, 181.06, and 181.79, issued by the Minnesota Commissioner of Labor and Industry and described below.

DESCRIBE LEGAL DEDUCTIONS

Enter permissible deductions here
Enter permissible deductions here
Enter permissible deductions here
Enter permissible deductions here

(2) That the payroll submitted under said Contract is complete and accurate; that the wage rate(s) of the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid according to the wage determination(s) and labor provisions incorporated in said Contract and according to applicable laws; that wages paid to laborer(s), mechanic(s), and worker(s) performing work under said Contract is at least the prevailing wage rate for the most similar classification of labor performed as defined under applicable law; and that the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid for all hours in excess of the prevailing hour at a rate of at least one and one-half times the applicable base rate of pay.

(3) That any apprentices employed during said payroll period are duly registered in a bona fide apprenticeship program registered with the Minnesota Department of Labor and Industry, or are registered with the Bureau of Apprenticeship and Training; United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO ANY APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed on said payroll, payments to current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or will be made to the program's administrators as set forth in paragraph 4(e) for the benefit of said employees, except as noted in Section 4(c).

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL EMPLOYEES

Each laborer, worker, or mechanic listed on said payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic rate plus the fringe rate as listed in the appropriate wage determination incorporated into said Contract.

NOTE—FRINGE BENEFIT SECTIONS C, D, E AND SIGNATURE BLOCK IS ON REVERSE SIDE.

(6/2009)

(c) EXCEPTIONS

EMPLOYEE NAME/CLASSIFICATION/OCCUPATION	EXPLANATION
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here

(d) BENEFIT PROGRAM INFORMATION in DOLLARS CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked.)

PROGRAM TITLE, CLASSIFICATION TITLE, OR INDIVIDUAL EMPLOYEES	HEALTH / WELFARE	VACATION / HOLIDAY	APPRENTICESHIP / TRAINING	PENSION	OTHER INCLUDE TITLE
All Work Classifications	3.55	.75	.25	2.45	

(e) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked.)

NAME AND ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER
ABC Health Insurance Company	Acct # 12345234	Contact Mr. John Insurer	123-123-2345

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under state law. See Minnesota Statute 16B, 16C, 177.30, 177.43, Subdivision 5, 177.44, Subdivision 6, 609.63.

NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE	SIGNATURE
Cory Smith President	

As a representative of the contractor submitting the payroll identified above, I hereby certify that the payroll is true and correct to the best of my knowledge.

NOTE: For questions regarding the Prevailing Wage Laws, contact the Department of Labor and Industry at 651.284.5091.