

Contractor ABC Contractors

Address 210 Lakeview Road Sometown, IA 99999

Subcontractor _____

Address _____

Type of Work Sample project for demonstration only



Iowa Department of Transportation

**CERTIFIED
TRANSCRIPT OF LABOR PAYROLL**
FOR USE ON ALL FEDERAL
AID PROJECTS

Payroll No. 1 Sheet 1 of 1

For Week Ending 08/29/2009

County Franklin, Iowa

Contract ID No. 54-67-89

Date of Letting _____ Wage Decision No. 7200A
Enter permissible d

Line No.	EMPLOYEE <i>(Include Address & Social Security No. First Time Name Appears)</i>	WORK CLASSIFICATION <i>(See Wage Decision for Title & Minimum Rate)</i>	ST or OT	Hours Worked Each Day							Total Hours	Rate of Pay	Gross Amount Earned On This Project	Gross Amount Earned On All Work This Week	Deductions				Net Amount Earned
				Su	Mo	Tu	We	Th	Fr	Sa					FICA	Fed. W/H Tax	State W/H Tax	Other Approved Deductions	
				08/23	08/24	08/25	08/26	08/27	08/28	08/29									
1	Jane Doe 71 Pineapple Lane Sometown, IA 99999 999-99-9999	Pipe Fitter		0	8	8	8	0	0	0	24	18.00	432.00	656.00	50.18	74.59	28.00	35.42	467.81
				0	0	0	0	0	0	0	0	27.00	0.00						
				Fringe Benefits <i>(if any)</i> if Paid in Cash							24	2.50	60.00						
				Total									492.00						
2	John Doe P.O. Box 999 Sometown, IA 99999 999-99-9999	Sheetmetal Worker		0	8	8	8	0	0	0	24	20.00	480.00	800.00	61.20	106.58	35.00	43.20	554.02
				0	0	0	0	0	0	0	0	30.00	0.00						
				Fringe Benefits <i>(if any)</i> if Paid in Cash							24	2.00	48.00						
				Total									528.00						
3	John Q. Public 2300 Arena Avenue Sometown, IA 99999 999-99-9999	Truck Driver		0	8	8	8	0	0	0	24	22.00	528.00	880.00	67.32	57.14	39.00	47.52	669.02
				0	0	0	0	0	0	0	0	33.00	0.00						
				Fringe Benefits <i>(if any)</i> if Paid in Cash							24	1.50	36.00						
				Total									564.00						
4	John Smith 36 Mimosa Lane Sometown, IA 99999 999-99-9999	Laborer		0	8	8	8	0	0	0	24	14.00	336.00	560.00	42.84	49.66	22.00	30.24	415.26
				0	0	0	0	0	0	0	0	21.00	0.00						
				Fringe Benefits <i>(if any)</i> if Paid in Cash							24	0.75	18.00						
				Total									354.00						
5																			
				Fringe Benefits <i>(if any)</i> if Paid in Cash															
				Total															
6																			
				Fringe Benefits <i>(if any)</i> if Paid in Cash															
				Total															
7																			
				Fringe Benefits <i>(if any)</i> if Paid in Cash															
				Total															
8																			
				Fringe Benefits <i>(if any)</i> if Paid in Cash															
				Total															

STATEMENT OF COMPLIANCE

COUNTY Franklin
 PAYROLL NO. 1

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 the _____
(Contractor or Subcontractor)
 Contract ID No. 54-67-89, that during the payroll period commencing
 on the 23 day of August, 2009, and ending the 29 day of August,
2009, 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 from the full weekly wages
(Contractor or Subcontractor)

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 permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

- Enter permissible deductions here _____
- Enter permissible deductions here _____
- Enter permissible deductions here _____
- Enter permissible deductions here _____

(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 determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he 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 Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below. Details of the fringe benefit plan, fund or program shall be furnished to the contracting authority upon request. The submittal shall include description of benefits, amount paid and if applicable, name of Trustee or third person to whom benefits were paid.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Remarks This is a sample project for demonstration purposes only	
Name and Title Cory Smith President	Signature _____ Date 09/03/2009
The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. see section 1001 of Title 18 and section 231 of Title 31 of the United States Code.	

NOTE-

Whenever possible the name of employees shall be grouped on the payroll transcript under their appropriate classification:

1. Supervisory and administrative (if included)
2. Skilled labor
3. Intermediate labor
4. Unskilled labor

Payroll transcripts are to be submitted to the project engineer within seven days from the end of the period covered.

The prime contractor shall be responsible for the submission of copies of payrolls of all subcontractors. See Required Contract Provisions, Form FHWA-1273

Date Rec'd Project Engineer's Office _____

Checked by (If Applicable) _____

STATEMENT BY PRIME CONTRACTOR (If Applicable)

This payroll for our subcontractor was received on _____

_____ and to the best of our knowledge is correct and complete. It was
(Year)

forwarded to the office of the project engineer on _____ ,

(Year)

Signed _____

Title _____