

# MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



<b>Company's Name:</b> ABC Company			<b>Address:</b> 2250 Skyline Drive Sometown, US 55555							<b>Phone No.:</b> 610-999-3333				<b>Payroll No.:</b> 1				
<b>Employer Signature:</b> <i>John Smith</i>			<b>Title:</b> President							<b>Contract No.:</b> 12321/SP678	<b>Tax Payer ID No.:</b> 22-5647893	<b>Work Week Ending:</b> 11/03/2019						
<b>Awarding Authority's Name:</b> Agency or Authority Name Here			<b>Public Works Project Name:</b> Sample Project 1 Sample project for demonstration only							<b>Public Works Project Location:</b> 2500 Canyon Drive Anywhere, US 55555				<b>Min. Wage Rate Sheet Number</b> 32464				
<b>General / Prime Contractor's Name:</b> ABC Company			<b>Subcontractor's Name:</b> Sample Company							<b>"Employer" Hourly Fringe Benefit Contributions</b>								
Employee Name & Complete Address	Work Classification:	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A)	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	Total Hourly Prev. Wage (F)	Project Gross Wages (G)	Check No. (H)
				Mo	Tu	We	Th	Fr	Sa	Su								
David Lako 282 E 21 St Paterson, US 07513	Laborer	<input type="checkbox"/>	75.00	0	0	8	0	8	0	0	16	25.00	3.00	3.00	9.00	40.00	640.00	# 1126
				10	8	0	8	0	0	0	26						1070.00	
Jane Doe 71 Pineapple Lane Similartown, US 12345	Foreman	<input checked="" type="checkbox"/>		10	8	10	8	10	0	0	46	50.00	1.50	2.50	6.00	60.00	2760.00	# 1125
																	2450.00	
Johnny Doe PO Box 111 Sometown, US 95545	Laborer	<input checked="" type="checkbox"/>		8	0	10	0	8	0	0	26	30.00	0.00	0.00	10.00	40.00	1040.00	# 1124
				0	10	0	8	0	0	0	18						1380.00	
Susan Anthony 711 Patriot Way Similartown, US 95545	Truck Driver	<input checked="" type="checkbox"/>		8	8	4	4	8	0	0	32	40.00	3.00	3.00	9.00	55.00	1760.00	# 1122
				0	4	4	4	0	0	0	12						1840.00	
Tom Jones 36 Mimosa Lane Sometown, US 95545	Heavy Equipment Operator	<input checked="" type="checkbox"/>		0	0	4	4	8	8	8	32	40.00	0.00	0.00	15.00	55.00	1760.00	# 1121
				0	4	4	4	0	0	0	12						1840.00	
		<input type="checkbox"/>																

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?

YES

NO

For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachusetts Department of Labor Standards / Divison of Apprentice Standards.

No apprentices are identified above

**NOTE:** Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

## WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form is available from the Department of Labor Standards (DLS) at [www.mass.gov/dols/pw](http://www.mass.gov/dols/pw) and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

On a weekly basis, every contractor and subcontractor is required to submit a certified copy of their weekly payroll records to the awarding authority; this includes the payroll forms and the Statement of Compliance form. The certified payroll records must be submitted either by regular mail or by e-mail to the awarding authority. Once collected, the awarding authority is required to preserve those records for three years from the date of completion of the project.

Each such contractor and subcontractor shall furnish weekly and within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

### STATEMENT OF COMPLIANCE

Date: 11/06/2019

I, John Smith, President  
(Name of signatory party) (Title)

do hereby state:

That I pay or supervise the payment of the persons employed by

ABC Company on the Sample project for demonstration only  
(Contractor, subcontractor or public body) (Building or project)

and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.

Signature John Smith

Title President