

Minnesota Department of Labor and Industry Certified Payroll Form

This is a two part form consisting of Part 1 - Prevailing Wage Payroll Information listed below and the accompany Part 2 - Statement of Compliance. The contractor and subcontractor(s) shall furnish these completed forms every two weeks to the contracting authority. Copies of the Prevailing Wage Payroll Information form and the Statement of Compliance form are available at DLI.MN.GOV/LS/PrevWage.asp

All Payrolls must be certified by attaching to each report a completed and executed Statement of Compliance.

Name of Contractor or Subcontractor		ABC Company							Prime Contractor Name			ABC Company										
Address & Telephone Number		2250 Skyline Drive Sometown, US 55555-5555 610-999-3333							Address & Telephone Number			2250 Skyline Drive Sometown, US 55555-5555 610-999-3333										
Contract Purchase Order Number		12321/SP678		Pay Period End Date			11/03/2019		Project and Location		2500 Canyon Drive Anywhere, US 55555-5555					Payroll #	1					
1	2	3	4	5 Day of Week Date (xx/xx)							6	7	8	9	10						11	
Employee Name , Address, Identifying Number (DO NOT provide Social Security No.)	# of Exem ptions	Labor Code and Classification Title	OT & ST	Mo	Tu	We	Th	Fr	Sa	Su	Total Hrs This Job	Hrly Rates of Pay	Gross Amt. Earned This Job	Gross Amt Earned This Pay Period	FICA	Fed Tax	State Tax	Local Tax	Other Tax	Other Ded.	Total Deductions	Total Net Wages Paid
				10/28	10/29	10/30	10/31	11/01	11/02	11/03												
				Hours Worked Each Day																		
Jane Doe 71 Pineapple Lane Similartown, US 12345 xxx-xx-5555	0	Heavy Highway Labor	O	2	0	2	0	2	0	0	6	44.00	1504.00	1504.00	115.06	235.16	77.91	0.00	0.00	63.70	491.83	1012.17
Johnny Doe PO Box 111 Sometown, US 95545 xxx-xx-4444	2	Laborer	O	0	0	2	0	0	0	0	2	37.50	675.00	1207.00	92.34	90.76	37.05	12.07	0.72	60.35	293.29	913.71
Susan Anthony 711 Patriot Way Similartown, US 95545 xxx-xx-5435	4	Truck Driver	O	0	0	0	0	0	0	0	0	52.50	1280.00	1630.00	87.97	57.64	35.14	0.00	0.00	57.50	238.25	1391.75
Tom Jones 36 Mimosa Lane Sometown, US 95545 xxx-xx-2323	2	Heavy Equipment Operator	O	0	0	0	0	0	0	0	42.00	896.00	1176.00	89.96	87.04	72.64	8.98	0.00	35.28	293.90	882.10	
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*Pursuant to the Minnesota Government Data Practices Act, all of the data provided hereunder is public data, which is available to anyone upon request. DO NOT provide any confidential data such as social security numbers, in part or whole, 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 Minnesota Department of Labor Industry, 443 Lafayette Road Nl, St. Paul, MN 55155, Phone (651) 284-5091 or 1-800-DIAL-DLI (1-800-342-53584), TTY (651) 297-4198. The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under state and/or federal law.

MINNESOTA DEPARTMENT OF LABOR & INDUSTRY

Part 2 Statement of Compliance

REPORT NUMBER 1	STATE PROJECT NAME AND LOCATION 2500 Canyon Drive Anywhere, US 55555-5555	DATE 11/06/2019
CONTACTING AUTHORITY Agency or Authority Here	PROJECT 32464	GENERAL CONTRACTOR ABC Company
CONTRACTOR / SUBCONTRACTOR ABC Company	PHONE NUMBER 610-999-3333	CONTRACT PURCHASE ORDER # 12321/SP678
ADDRESS 2250 Skyline Drive Sometown, US 55555-5555		
TYPE OF WORK Sample project for demonstration only		

(Complete as described on solicitation documents.)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, John Smith, President do hereby state:
(Name of signatory party) (Title-Owner or Officer)

(1) That I pay or supervise the payment of the persons employed by ABC Company on said Contract; that during the payroll period commencing on the 28 day of October of the year 2019, and ending the 03 day of November of the year 2019, there were 4 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 Company
(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

(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 hours 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 ARE ON NEXT PAGE

(c) EXCEPTIONS

EMPLOYEE NAME/CLASSIFICATION/OCCUPATION	EXPLANATION
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any 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
Enter any other information here...					

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

NAME & ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER
Enter any explanations here			

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under federal and/or state law.

NAME AND TITLE OF OWNER OR OFFICER	SIGNATURE
John Smith President	John Smith

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 information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Labor and Industry, 443 Lafayette Road N., St. Paul, MN 55155, Phone: (651) 284-5091 or 1-800-DIAL-DLI (1-800-342-5354), TTY: (651) 297-4198.