



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
CONTRACTOR PAYROLL RECORDS
 (See Sections 290.210 to 290.340, RSMo and 8 CSR 30-3.010 to 8 CSR 30-3.060)

Name of <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor ABC Contractors Inc		Address of Contractor or Subcontractor: 55 Main Street Sometown, PA 99999		Phone Number: 555 555-5555	
Name of Public Body Public Body Name		Address of Public Body: 123 Some St Sometown, PA 19999		Phone Number: 999-999-9999	
Payroll No. 1	For Week Ending 04/11/2025	AWO 1234	Project and Location: New High School		Project or Contract No.: 12345

1. Name and Address of Employee	2. Occupational Title ***	3. Day and Date								4. Total Hours	5. Hourly Rate	6. Gross Amt Project / Week	7. Deductions					8. Net Wages Paid for Week
		Day	Sa	Su	Mo	Tu	We	Th	Fr				FICA and Medicare	Federal and State Withholding Tax	Other A	Other B	Total Deductions	
		Date	04/05	04/06	04/07	04/08	04/09	04/10	04/11									
		Hours Worked Each Day																
Steven S Boyer 45 Main Street Apt 1 Sometown, US 19555	Laborer	DT	0	0	0	0	0	0	0	0	85.00	1800.00	122.40	239.85	0.00	0.40	362.65	1437.35
		OT	0	0	0	0	0	0	0	0	65.00							
		ST	0	8	8	8	8	8	0	40	45.00							
Bob Clark 123 Hope Ave New York, US 12345	Mason	DT	0	0	0	0	0	0	0	0	130.00	2800.00	183.60	543.63	27.60	1.69	756.52	2043.48
		OT	0	0	0	0	0	0	0	0	100.00							
		ST	0	8	8	8	8	8	0	40	70.00							
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*** If a worker performs work in more than one occupational title, you must separately list the hours worked per occupational title and wage rates. ***

FRINGE BENEFITS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart below. If fringe benefit amounts paid are the same for all employees, you may list the amount of each such identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee's name and set out the amounts paid on behalf of each employee for each fringe benefit.

Employee Name	H&W (\$/hr)	Pens (\$/hr)	Vac (\$/hr)	App (\$/hr)	Oth (\$/hr)		Other D (\$/hr)	Total (\$/hr)	*If "Other/Deductions" or Fringes, Please explain: (Indicate Other A, B, C or D)	Identify by name, the plan, fund or programs to which fringe benefits are paid: (Indicate H&W, Pension, etc.)
Steven S Boyer	5.00	3.00	2.00	0.00	0.00	0.00	0.00	10.00		
Bob Clark	5.00	6.00	4.00	0.00	0.00	0.00	0.00	15.00		

Date 04/12/2025

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

(1) That I pay or supervise the payment of the persons employed by ABC Contractors Inc (Contractor or Subcontractor) on the

New High School (Building or Work); that during the payroll period commencing seven (7) days prior to the week ending date of 04/11/2025

all persons employed on said project have been paid the full weekly wages stated above, that no rebates have been or will be made either directly or indirectly to or on behalf of

ABC Contractors Inc (Contractor or Subcontractor), from the full weekly wages 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 legally permissible deductions, that full and accurate records clearly indicating names, occupations, and crafts of every worker employed by them in connection with the public work together with an accurate record of the number of hours worked by each worker and the actual wages paid for each class or type of work performed and deduction made for each worker have been prepared, that these payroll records are kept and have been provided for inspection to the authorized representative of the contracting public body and will be available as often as may be necessary and such records shall not be destroyed or removed from the state for the period of one year following the completion of the public work in connection with which the records are made.

(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 order incorporated into the contract; that the occupational title set forth herein for each laborer or mechanic conform with the work performed.

Name and Title Cory Smith - President	Signature Cory Smith
The falsification of any of the above statements may subject the contractor or subcontractor to criminal prosecution. See Sections, 290.340, 570.090, 575.050 and 575.060, RSMo.	

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.

TDD/TTY: 800-735-2966 Relay Missouri: 711