

BUREAU OF LABOR AND INDUSTRIES
WAGE AND HOUR DIVISION

PAYROLL/CERTIFIED STATEMENT FORM WH-38
FOR USE IN COMPLYING WITH ORS 279C.845

PRIME CONTRACTOR <input checked="" type="checkbox"/>		SUBCONTRACTOR <input type="checkbox"/>		WEEK #	1	(optional see directions)		FINAL PAYROLL <input type="checkbox"/>								
Business Name: ABC Contractors Inc				Phone #: 555 555-5555				CCB Registration #: 456789								
Project Name: New High School				Project #: 12345				Type of Work: Painting								
Street Address: 55 Main Street				Project Location: 123 Some St Sometown, PA 19999												
Mailing Address: Sometown, PA 99999				Project County: 999-999-9999												
Date Pay Period Began: 04/05/2025				Date Pay Period Ended: 04/11/2025												
COMPLETE THIS SECTION IF BUSINESS IS PRIME CONTRACTOR ON PROJECT								COMPLETE THIS SECTION IF BUSINESS IS SUBCONTRACTOR ON PROJECT								
Public Contracting Agency Name: Public Body Name Phone: 999-999-9999 Date Contract Specifications First Advertised for Bid: 1/1/2023 Contract Amount: \$60,000.00								Subcontract Amount: Prime Contractor Business Name: Prime Contractor Phone: Prime Contractor's CCB Registration Number: Date you began Work on the Project:								
(1)	(2)	(3) DAY AND DATE						(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
EMPLOYEE NAME AND ADDRESS	CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)	Sa	Su	Mo	Tu	We	Th	Fr	TOTAL HOURS	HOURLY BASE RATE	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED (see directions)	ITEMIZED DEDUCTIONS FICA, FED, STATE, ETC.	NET WAGES PAID	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM
		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	OT	0	0	0	0	0	0	0	60.00	5.00	1800.00	FICA 122.40 FED 190.73 STATE 49.12 OTHER 0.40	1437.35	5.00	H&W
		ST	0	8	8	8	8	0	40	40.00		1800.00			3.00	Pens
		Schedule 5/8 <input checked="" type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Sched: 7:15 AM to 8:15 PM										2.00			Vac	
Bob Clark 123 Hope Ave New York, US 12345	Mason	OT	0	0	0	0	0	0	0	90.00	10.00	2800.00	FICA 183.60 FED 408.90 STATE 134.73 OTHER 29.29	2043.48	5.00	H&W
		ST	0	8	8	8	8	0	40	60.00		2800.00			6.00	Pens
		Schedule 5/8 <input type="checkbox"/> 4/10 <input checked="" type="checkbox"/> ; Reg Hrly Sched: 6am to 4pm										4.00			Vac	
		OT										FICA FED STATE OTHER				
		ST														
		Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Sched: _____ to _____														
		OT										FICA FED STATE OTHER				
		ST														
		Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Sched: _____ to _____														
		OT										FICA FED STATE OTHER				
		ST														
		Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Sched: _____ to _____														

CERTIFIED STATEMENT

I, Cory Smith President, do hereby state:

(1) That I paid or supervised the payment of the persons employed by ABC Contractors Inc on the New High School (contractor, subcontractor, or surety) (project name) and that during the payroll period commencing on 04/05/2025 and ending on 04/11/2025, 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 ABC Contractors Inc (contractor, subcontractor, or surety) 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 permissible deductions as specified in ORS 652.610, as described below:

(2) That any payrolls under this contract required to be submitted for the above period are correct and complete; that the wage rates for workers contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the specifications/contract; that the classifications set forth therein for each worker conform with work 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.

Additional Remarks

I HAVE READ THIS CERTIFIED STATEMENT; KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE:

Cory Smith

President

(name and title)

Cory Smith

(signature)

04/12/2025

(month/day/year)

NOTE TO CONTRACTORS: You must attach copies of this form to each of your payroll submissions on this project. File this form with the public agency associated with the project. Instructions and additional forms are available on BOLI's website: www.oregon.gov/BOLI