

**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 ☒ SUBCONTRACTOR ☐ WEEK # 1 (optional see directions) FINAL PAYROLL ☐

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										Subcontract Amount:								
Phone: 999-999-9999										Prime Contractor Business Name:								
Date Contract Specifications First Advertised for Bid: 1/1/2023										Prime Contractor Phone:								
Contract Amount: \$60,000.00										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)								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		
		Sa	Su	Mo	Tu	We	Th	Fr										
		04/05	04/06	04/07	04/08	04/09	04/10	04/11										
Steven S Boyer 45 Main Street Apt 1 Sometown, US 19555	Laborer	HOURS WORKED EACH DAY																
		OT	0	0	0	0	0	0	0	0	60.00	5.00	1800.00 1800.00	FICA	122.40	1437.35	5.00	H&W
		ST	0	8	8	8	8	8	0	40	40.00			FED	190.73		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									STATE			49.12	2.00		Vac	
Bob Clark 123 Hope Ave New York, US 12345	Mason	HOURS WORKED EACH DAY																
		OT	0	0	0	0	0	0	0	90.00	10.00	2800.00 2800.00	FICA	183.60	2043.48	5.00	H&W	
		ST	0	8	8	8	8	8	0	40			60.00	FED		408.90	6.00	Pens
		Schedule 5/8 <input type="checkbox"/> 4/10 <input checked="" type="checkbox"/> ; Reg Hrly Sched: 6am to 4pm											STATE	134.73		4.00	Vac	
		HOURS WORKED EACH DAY																
		OT											FICA					
		ST											FED					
		Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Sched: to											STATE					
		HOURS WORKED EACH DAY																
		OT											FICA					
		ST											FED					
		Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Sched: to											STATE					
		HOURS WORKED EACH DAY																
		OT											FICA					
		ST											FED					
		Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Sched: to											STATE					

CERTIFIED STATEMENT

I, **Cory Smith** **President**, do hereby state:
(name of signatory party) (title)

(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
(month/day/year) (month/day/year)
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