

Department of Labor & Industries
 Prevailing Wage Program
 PO Box 44540
 Olympia, WA 98504-4540
 (360) 902-5335



Prime Contract

Subcontract

CERTIFIED PAYROLL REPORT

Project Name Sample project for demonstration only	County Some County	Project or Contract# 54-67-89
Project Address 900 Spring Ridge Drive Sometown, WA 99999		

For the week ending:	Awarding Agency Name		Phone		Company Name												Phone			
	Awarding Agency		222-222-2222		ABC Contractors												(555) 555-5555			
Month Day Year	Address		Address																	
07/10/2011	975 Some Street, Sometown WA 11111		210 Lakeview Road Sometown, WA 99999																	
Work Classification and Soc Sec# of Employee	Name and Address	O T or R G	Day and Date						Total Hours	Rate of Pay	Gross Amount Earned			Total Hourly "Usual Benefits"	Deductions			NET WAGES		
			Mo	Tu	We	Th	Fr	Sa			This Project	All Projects		FICA	Withhold	Tax	Other			
			07/04	07/05	07/06	07/07	07/08	07/09	07/10											
			Hours Worked Each Day																	
Pipe Fitter xxx-xx-9999	Jane Doe 71 Pineapple Lane Sometown, WA 99999	OT	0	0	0	0	0	0	0	27.00	0.00	\$432.00	\$720.00	10.50	40.68	95.38	38.88	\$545.06		
		RG	0	8	8	8	0	0	0	24	18.00	432.00								
Sheetmetal Worker xxx-xx-9999	John Doe P.O. Box 999 Sometown, WA 99999	OT	0	0	0	0	0	0	0	30.00	0.00	\$480.00	\$800.00	10.50	45.20	115.38	43.20	\$596.22		
		RG	0	8	8	8	0	0	0	24	20.00	480.00								
Truck Driver xxx-xx-9999	John Q. Public 2300 Arena Avenue Sometown, WA 99999	OT	0	0	0	0	0	0	0	33.00	0.00	\$528.00	\$880.00	10.50	49.72	71.52	47.52	\$711.24		
		RG	0	8	8	8	0	0	0	24	22.00	528.00								
Laborer xxx-xx-9999	John Smith 36 Mimosa Lane Sometown, WA 99999	OT	0	0	0	0	0	0	0	21.00	0.00	\$336.00	\$560.00	10.50	31.64	59.10	30.24	\$439.02		
		RG	0	8	8	8	0	0	0	24	14.00	336.00								
		OT																		
		RG																		
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AFFIRMATION

Today's Date 07/22/2011	Printed name of party signing this report Cory Smith		Title President	
The party signing this report pays or supervises the payment of the persons employed by: (Name of contractor or subcontractor) ABC Contractors				
Project Name: Sample project for demonstration only		For the week starting: July 04 , 2011		For the week ending: July 10 , 2011

"USUAL BENEFITS" DISTRIBUTION (Please report in "per hour" terms)						
Work Classification	Total Hourly "Usual Benefits" (A + B + C + D + E)	(A) Hourly Pension	(B) Hourly Medical	(C) Hourly Vacation	(D) Hourly Holiday	(E) Approved Apprentice Program
Laborer	\$5.00	\$2.00	\$2.00	\$1.00		

The party signing below **AFFIRMS** the following:

- (1) All information contained in this Certified Payroll Report, including any addenda, is correct and complete.
- (2) The wage rates for workers, laborers or mechanics as reported above are not less than the applicable wage rates contained in any wage determination related to the contract; and the classifications as reported above for each worker, laborer or mechanic conform with the actual work performed by such worker, laborer or mechanic.
- (3) The payments of usual benefits as listed above have been or will be made to appropriate approved plans, funds or programs for the benefit of such employees.
- (4) All persons employed on the above-referenced project(s) have been paid the full weekly wages earned, and no rebates have been or will be made either directly or indirectly to or on behalf of the above-named contractor or subcontractor from the weekly wages earned by any person. No deductions, other than those which are legally permissible, have been made by any person either directly or indirectly from the full wages earned.
- (5) Any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Washington State Apprenticeship and Training Council.

Falsification of any of the above statements is a violation of RCW 39.12.050 subject to prosecution, sanctions, and penalties.

Print or type name of party signing this report Cory Smith	Title President	Signature
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