

WEEKLY PAYROLL REPORT

Wisconsin Department of Transportation
DT1929 9/2006 (Replaces EC674)

The weekly submittal of this form is required by 29 CFR Part 3. * Full name, address, and social security number must appear on the first payroll on which the employee's name appears. The social security number is collected for payroll purposes.

** Fringe benefit details MUST be reported on a supplementary page. *** Include private work.

**** If Operating Engineer or Laborer, include class of equipment or skill level of laborer.

Payroll # 1	Employer Name ABC Contractors 210 Lakeview Road Sometown, WI 99999	State Project ID 65498-32								Federal Project ID 72-B				County Madison County			Payroll Period Week Ending 12/27/2008		Sheet # 1 of 1		
<input checked="" type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor Hired By:		DAILY HOURS WORKED S = Straight Time O = Overtime								TOTAL WEEKLY HOURS WORKED	(A) BASIC HOURLY RATE	(B) BENEFITS ** HOURLY RATE		(A) + (B) TOTAL HOURLY RATE	PROJECT WAGES	FICA	FED WH	ST WH	Other (Specify)	NET PAID	CHECK #
Enter Information below on every individual that you employed on this project during the payroll report period.*		12/21 Su	12/22 Mo	12/23 Tu	12/24 We	12/25 Th	12/26 Fr	12/27 Sa	FUND PAYMENT			CASH PAYMENT	GROSS WAGES								
Name Jane Doe	REFERENCED PROJECT																				
Address 71 Pineapple Lane	S	0	0	0	0	8	8	0	16	\$ 18.00	\$ 10.50	\$ 0.00	\$ 28.50								
City, State, ZIP Code Sometown, WI 99999 999-99-9999	O	0	0	0	0	0	0	0	0	\$ 27.00	\$ 10.50	\$ 0.00	\$ 37.50	\$ 288.00							
S.S. #	OTHER PROJECTS ***																				
Trade/Craft **** Pipe Fitter	S								24						\$ 720.00	\$ 55.08	\$ 99.69	\$ 42.40	\$ 0.00	\$ 522.83	8100
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O								0												
Name John Doe	REFERENCED PROJECT																				
Address P.O. Box 999	S	0	0	0	0	8	8	0	16	\$ 20.00	\$ 10.50	\$ 0.00	\$ 30.50								
City, State, ZIP Code Sometown, WI 99999 999-99-9999	O	0	0	0	0	0	0	0	0	\$ 30.00	\$ 10.50	\$ 0.00	\$ 40.50	\$ 320.00							
S.S. #	OTHER PROJECTS ***																				
Trade/Craft **** Sheetmetal Worker	S								24						\$ 800.00	\$ 61.20	\$ 119.69	\$ 48.22	\$ 0.00	\$ 570.89	8106
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O								0												
Name John Q. Public	REFERENCED PROJECT																				
Address 2300 Arena Avenue	S	0	0	0	0	8	8	0	16	\$ 22.00	\$ 10.50	\$ 0.00	\$ 32.50								
City, State, ZIP Code Sometown, WI 99999 999-99-9999	O	0	0	0	0	0	0	0	0	\$ 33.00	\$ 10.50	\$ 0.00	\$ 43.50	\$ 352.00							
S.S. #	OTHER PROJECTS ***																				
Trade/Craft **** Truck Driver	S								24						\$ 880.00	\$ 67.32	\$ 73.78	\$ 52.78	\$ 0.00	\$ 686.12	8118
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O								0												
Name John Smith	REFERENCED PROJECT																				
Address 36 Mimosa Lane	S	0	0	0	0	8	8	0	16	\$ 14.00	\$ 10.50	\$ 0.00	\$ 24.50								
City, State, ZIP Code Sometown, WI 99999 999-99-9999	O	0	0	0	0	0	0	0	0	\$ 21.00	\$ 10.50	\$ 0.00	\$ 31.50	\$ 224.00							
S.S. #	OTHER PROJECTS ***																				
Trade/Craft **** Laborer	S								24						\$ 560.00	\$ 42.84	\$ 58.90	\$ 30.25	\$ 0.00	\$ 428.01	8125
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O								0												
Name John Q. Public	REFERENCED PROJECT																				
Address 2300 Arena Avenue	S	0	0	0	0	8	8	0	16	\$ 22.00	\$ 10.50	\$ 0.00	\$ 32.50								
City, State, ZIP Code Sometown, WI 99999 999-99-9999	O	0	0	0	0	0	0	0	0	\$ 33.00	\$ 10.50	\$ 0.00	\$ 43.50	\$ 352.00							
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Name John Smith	REFERENCED PROJECT																				
Address 36 Mimosa Lane	S	0	0	0	0	8	8	0	16	\$ 14.00	\$ 10.50	\$ 0.00	\$ 24.50								
City, State, ZIP Code Sometown, WI 99999 999-99-9999	O	0	0	0	0	0	0	0	0	\$ 21.00	\$ 10.50	\$ 0.00	\$ 31.50	\$ 224.00							
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COMPLIANCE STATEMENT TO ACCOMPANY CONTRACTOR'S WEEKLY PAYROLL

DT1816 8/2006 (Replaces EC673)

Wisconsin Department of Transportation

The willful falsification of any of the statements on this form may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United

Submit one copy to Regional Office

Adapted from U.S. Department of Labor Form WH-348(1)(68).

No. 1	State Project ID 65498-32	Federal Project ID 72-B	County Madison County	Payroll Period 12/21/2008 to 12/27/2008
Contractor or Subcontractor ABC Contractors				
Authorized Agent Name Cory Smith		Authorized Agent Title President		

I, the undersigned, do state that:

1. I pay, or supervise the payment of the persons employed by the above contractor or subcontractor on the above project. During the payroll period designated above all persons employed on said project have been paid the full weekly wages earned, except as noted in Section 1(a) below. No rebates have been or will be made either directly to or indirectly on behalf of said contractor or subcontractor from the full weekly wages earned by any person. No deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948; 63 Stat. 108; 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below in Section 1(b).

(a) Exceptions	Name	Craft	Explanation	When will this person be paid?
	Enter Name here	Craft1	Enter explanations here	to be paid on.....
	Enter Name here	Craft1	Enter explanations here	to be paid on.....

(b) **Description of Deductions**

Enter permissible deductions here
Enter permissible deductions here
Enter permissible deductions here
Enter permissible deductions here

2. Any payrolls otherwise under this contract required to be submitted for the above period are correct and complete. The wage rates for laborers or mechanics contained are not less than the applicable wage rates contained in any wage determination incorporated into the contract. The classifications set forth for each laborer or mechanic conform with the work performed.

3. 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.

4. (a) **Where fringe benefits are paid to approved plans, fund, or programs.**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) **Where fringe benefits are paid in cash.**

Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) Exceptions	Craft	Explanation
	Enter exceptions & craft here	Enter explanations here
	Enter exceptions & craft here	Enter explanations here
	Enter exceptions & craft here	Enter explanations here
	Enter exceptions & craft here	Enter explanations here
	Enter exceptions & craft here	Enter explanations here

Remarks

This is a sample project for demonstration purposes only

X

(Authorized Agent Signature)