

Contractor ABC Company

Address 2250 Skyline Drive Sometown, US 55555

Subcontractor Sample Company

Address 55 Lakeview Drive Sometown, US 55555

Type of Work Sample project for demonstration only



**CERTIFIED  
TRANSCRIPT OF LABOR PAYROLL**

**FOR USE ON ALL  
FEDERAL AID PROJECTS**

Payroll No. 1 Sheet 1 of 1

For Week Ending 11/03/2019

County Best County, Iowa

Contract ID No. 12321/SP678

Date of Letting 10/01/2019 Wage Decision No. 324256

Line No.	EMPLOYEE <small>(Include name &amp; identifying no. such as last four digits of employee's SSN )</small>	WORK CLASSIFICATION <small>(See Wage Decision for Title &amp; Minumum Wage)</small>	ST or OT	Hours Worked Each Day							Total Hours	Rate Per Hour	Gross Amount Earned On This Project	Gross Amount Earned On All Work This Week	Deductions				Net Amount Earned
				M	T	W	T	F	S	S					Soc. Sec. Tax	Fed. W/H Tax	State W/H Tax	Other Approved Deductions	
				10/28	10/29	10/30	10/31	11/01	11/02	11/03									
1	Jane Doe xxx-xx-5511	Foreman		8	8	8	8	8	0	0	40	50.00	2000.00	2450.00	205.02	494.25	102.48	6.70	1641.55
				2	0	2	0	2	0	0	6	75.00	450.00						
			Fringe Benefits <i>(if any)</i> if Paid in Cash							46	5.00	230.00							
										Total	2680.00								
2	Johnny Doe xxx-xx-4444	Laborer		8	0	8	0	8	0	0	24	30.00	720.00	1380.00	105.57	130.91	42.37	13.80	1087.35
				0	0	2	0	0	0	0	2	45.00	90.00						
			Fringe Benefits <i>(if any)</i> if Paid in Cash							26	0.00	0.00							
										Total	810.00								
3	Susan Anthony xxx-xx-7435	Truck Driver		8	8	4	4	8	0	0	32	40.00	1280.00	1840.00	140.76	147.34	71.43	0.00	1480.47
				0	0	0	0	0	0	0	0	60.00	0.00						
			Fringe Benefits <i>(if any)</i> if Paid in Cash							32	0.00	0.00							
										Total	1280.00								
4	Tom Jones xxx-xx-2323	Heavy Equipment Operator		0	0	4	4	8	8	8	32	40.00	1280.00	1840.00	140.76	166.72	73.26	0.00	1459.26
				0	0	0	0	0	0	0	0	60.00	0.00						
			Fringe Benefits <i>(if any)</i> if Paid in Cash							32	0.00	0.00							
										Total	1280.00								
5																			
			Fringe Benefits <i>(if any)</i> if Paid in Cash																
										Total									
6																			
			Fringe Benefits <i>(if any)</i> if Paid in Cash																
										Total									
7																			
			Fringe Benefits <i>(if any)</i> if Paid in Cash																
										Total									
8																			
			Fringe Benefits <i>(if any)</i> if Paid in Cash																
										Total									

**STATEMENT OF COMPLIANCE**

COUNTY Best County  
PAYROLL NO. 1

I, John Smith, President do hereby state:  
Name of Signatory Party Title

(1) That I pay or supervise the payment of the persons employed by  
Sample Company  
Contractor or Subcontractor

on Contract ID No. 12321/SP678, that during the payroll period commencing

on the 28 day of October, 2019, and ending on the 03 day of November,  
2019, 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 said

Sample Company from the full weekly wages  
Contractor or Subcontractor

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 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. 3145), and described below:

Enter deductions here

Enter deductions here

Enter deductions here

Enter deductions here

(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 determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the 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.

(4) That:

**(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, 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. Details of the fringe benefit plan, fund or program shall be submitted with the first payroll to the contracting authority. The submittal shall include description of benefits, dollar amount contributed per hour, and if applicable, name of the Trustee or third person to whom the benefits were paid.

**(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 applicable basic hourly wage rate plus the amount of the required fringe benefit as listed in the contract, except as noted in Section 4(c) below.

**(c) EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
Remarks Enter any other information here...	
Name & Title John Smith President	Signature John Smith Date 11/06/2019
The willful falsification of any of the above statements 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 States Code.	

**NOTE:**

Whenever possible the name of employees shall be grouped on the payroll transcript under their appropriate classification:

- 1) Supervisory and administrative (if included)
- 2) Skilled labor
- 3) Intermediate labor
- 4) Unskilled labor

Payroll transcripts are to be submitted to the project engineer within seven days from the end of the period covered.

The prime contractor shall be responsible for the submission of copies of payrolls of all subcontractors. See Required Contract Provisions Form FHWA-1273.

Date Rec'd Project Engineer's Office \_\_\_\_\_

Checked by (If Applicable) \_\_\_\_\_

**STATEMENT BY PRIME CONTRACTOR (if applicable)**

This payroll for our subcontractor was received on \_\_\_\_\_,

\_\_\_\_\_ and to the best of our knowledge is correct and complete. It was  
(Year)

forwarded to the office of the project engineer on \_\_\_\_\_,

\_\_\_\_\_  
(Year)

Signed \_\_\_\_\_

Title \_\_\_\_\_