

Form 830176 (12-14)  
**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

**IOWADOT**  
**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 (Include name & identifying no. such as last four digits of employee's SSN)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	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	
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 (if any) if Paid in Cash							46	5.00	230.00						
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 (if any) if Paid in Cash							26	0.00	0.00						
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 (if any) if Paid in Cash							32	0.00	0.00						
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 (if any) if Paid in Cash							32	0.00	0.00						
5																			
				Fringe Benefits (if any) if Paid in Cash															
6																			
				Fringe Benefits (if any) if Paid in Cash															
7																			
				Fringe Benefits (if any) if Paid in Cash															
8																			
				Fringe Benefits (if any) if Paid in Cash															

**STATEMENT OF COMPLIANCE**COUNTRY Best CountyPAYROLL NO. 1I, John Smith, President do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Sample CompanyContractor or Subcontractoron Contract ID No. 12321/SP678, that during the payroll period commencingon 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 wagesContractor 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 hereEnter deductions hereEnter deductions hereEnter 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	Signature	Date
John Smith President	<u>John Smith</u>	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 \_\_\_\_\_