

# Certified Transcript of Payroll

IDOL Case File Number: 324256

Payroll Start: 12/26/2020

Payroll End: 01/01/2021

## Contractor and/or Subcontractor

## Public Body Information

12321/SP678 (Contract Number)	ABC Company (Company Name)	John Smith (Contact Name)	Public Body Name (Public Body Name)	Nick Saint (Contact Name)
12321/SP678 (Project Number)	2250 Skyline Drive (Street Address)	Sometown, US 55555 (City/State/Zipcode)	777 Public Street (Street Address)	555-565-5258 (City/State/Zipcode)
Sample Project 1 - Sample Project For Demonstration (Project Location)	555-999-3333 (Telephone Number)		Public IL 555555 (City/State/Zipcode)	555-565-5258 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone No.	* Hours Worked Each Day							Tot Straight Time Hours	Tot OT Hours	Tot DT Hours	Hourly Wage Rate	OT Wage Rate	DT Wage Rate	Per Pay Period Gross	Net
	Sa	Su	Mo	Tu	We	Th	Fr								
Jane Dohe 71 Pineapple Lane Similartown, US 12345 P:530-555-6521 S:xxx-xx-5511	PW	10	8	10	8	10	0	0	40	6	0	50.00	75.00	100.00	2450.00
	N	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00	1678.97
Labor Classification															
Foreman	Hourly Fringe Benefit:							H&W: 1.50	Pens: 2.50	Vac: 3.00	App: 0.00	Other: 8.00			
Johnny Dohe PO Box 111 Sometown, US 95545 P:530-555-6931 S:xxx-xx-4444	PW	8	0	0	0	0	0	0	8	0	0	25.00	37.50	50.00	200.00
	N	0	10	10	8	8	0	0	32	4	0	27.50	41.25	0.00	1045.00
Labor Classification															
Laborer	Hourly Fringe Benefit:							H&W: 3.00	Pens: 3.00	Vac: 3.00	App: 3.00	Other: 3.00			
Susan Anthony 711 Patriot Way Similartown, US 95545 P:530-555-0711 S:xxx-xx-7435	PW	8	8	0	0	0	0	0	16	0	0	40.00	60.00	80.00	640.00
	N	0	4	8	8	8	0	0	24	4	0	40.00	60.00	0.00	1200.00
Labor Classification															
Truck Driver	Hourly Fringe Benefit:							H&W: 3.00	Pens: 3.00	Vac: 3.00	App: 3.00	Other: 3.00			

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

**\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked**



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### AFFIDAVIT

#### Weekly Statement of Compliance

Date: 01/01/2021

I, John Smith,  
(name signatory party)  
President, do  
(Title)  
hereby state: that I pay or supervise the payment  
of the persons employed on the public works  
project Sample Project For Demonstration;  
(name of project)

that during the payroll period commencing on the  
26 day of December, 2020,  
(day) (month) (year)

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

ABC Company

(name of contractor or subcontractor)

from the weekly wages earned by any person,  
and that no deductions have been made either  
directly or indirectly from the full weekly wages  
earned by any persons, other than permissible  
deductions as defined by Federal and/or State  
law. I further certify that this payroll is correct  
and complete; that the wage rates contained  
therein are not less than the actual rates herein  
stated and that the classification set forth for each  
laborer or mechanic conform to the work he/she  
performed.

Signature

Digital Signature

John Smith

IL425CM01

### FRINGES

Health Fund Enter health insurance info  
Health Address Enter health insurance info  
Health Sponsor Enter health insurance info  
Health Admin Enter health insurance info  
Pension Fund Enter pension info  
Pension Address Enter pension info  
Pension Sponsor Enter pension info  
Pension Admin Enter pension info  
401(k) Fund Enter 401k info  
401(k) Address Enter 401k info  
401(k) Sponsor Enter 401k info  
401(k) Admin Enter 401k info  
Vacation Fund Enter vacation fund info  
Vacation Address Enter vacation fund info  
Vacation Sponsor Enter vacation fund info  
Vacation Admin Enter vacation fund info  
Enter any other information here...

### SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of  
billing, or other pertinent information.

Company Name: High Roofs & Construction Inc

Contact Person: Jack Beanstalk  
4488 S High St  
(Address)  
Workville NY 56422  
(City) (State) (zipcode)

Telephone Number: 555-779-8523

Company Name: Power Electric

Contact Person: Elektra Power  
112264 Some St  
(Address)  
Some City, MD 41052  
(City) (State) (zipcode)

Telephone Number: 555-401-5051

Company Name:

Contact Person:   
(Address)  
(City) (State) (zipcode)

Telephone Number: