

Certified Payroll Report

Report for: Check if Subcontractor¹⁾ Contract No: **CHECK IF FINAL** Payroll No: _____
 Company:¹⁾ _____ If Sub, GC/Prime Contractor Name: _____
 Address: _____ Project Name & Location: _____ Week Ending: _____
 City, State, Zip _____ Public Authority (Owner): _____
 Phone No: _____ Sheet:²⁾ _____ of _____

1. Employee Name, Address, & SS# (Last 4 digits if permitted)	2. Work Class ³⁾	3. Prevailing Wage Project Hours Worked - Day & Date							4. Total Hours	5. Base Rate	6. Project Gross	7. Fringes: <input type="checkbox"/> Cash <input type="checkbox"/> Approved Plans <input type="checkbox"/> Cash & Approved Plans						Weekly Payroll Amount			
		Fringe Rate Your Company Pays Per Hour						8. Total Hrs for all Jobs				9. Total Gross on All Jobs	10. Total Deductions	11. Net Pay on All Jobs							
		H&W	Pens	Vac	Hol	Other	Total														
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1) By signing below, I certify that: (1) I pay, or supervise the payment of the employees shown above; (2) during the pay period reported on this form, all hours worked on this project have been paid at the appropriate prevailing wage rate for the class of work done; (3) the fringe benefits have been paid as indicated above; (4) no rebates or deductions have been or will be made, directly or indirectly from the total wages earned, other than permissible deductions as defined in ORC Chapter 4115; and (5) apprentices are registered with the U.S. Dept. of Labor, Bureau of Apprenticeship and Training. I understand that the willful falsification of any of the above statements may subject the Contractor or Subcontractor to civil or criminal prosecution.

Type or Print Name and Title _____ Signature _____ Date _____