

# Connecticut

In accordance with Connecticut General Statutes, 31-53  
 Certified Payrolls with a statement of compliance  
 shall be submitted monthly to the contracting agency.

## PAYROLL CERTIFICATION FOR PUBLIC WORKS

Connecticut Department of Labor  
 Wage and Workplace Standards Division  
 200 Folly Brook Blvd. - Wethersfield, CT 06109

Contractor Name and Address PEM CONSTRUCTION COMPAY P.O. BOX 217 CLAYTON, NC 27528	Project Name & Address Sample Project ACME BUILDING CORPORATION 12345 MAIN STREET ANYWHERE, US 12345	Subcontractor Name & Address NUTMEG INTERIORS 1234 MAIN STREET ANYWHERE USA NC 27528	Worker's Compensation Insurance Carrier GLOBAL INSURANCE 12 BROAD ST ANYWHERE USA NC27528 Policy No.: 9877445/123P Effective date 2/01/2007 Expiration Date: 2/12/2015
PAYROLL NO. 4			

FOR WEEK ENDING 2/12/2007	Work Classification Appr Rate% M/F RACE Trade Licenses Type & Number	DAY AND DATE							Total Hours	Base Hourly Rate	Type of Fringe Benefits Per Hour 1 through 6 (see back)	Total Fringe Benefit Plan Cash	Gross Pay Totals	Total Deductions	NET WAGES PAID FOR WEEK	
		TUE 2/6	WED 2/7	THU 2/8	FRI 2/9	SAT 2/10	SUN 2/11	MON 2/12								HOURS WORKED EACH DAY
BOB SMITH 1234 MAIN STREET ANYWHERE USA, CA 12345 987-55-1234 (555)555-1234	CARPENTER	S	8.00	8.00	8.00	8.00			8.00	40.00	10.00	1) 0.10	ThisProject 736.00  AllProjects 1,200.00	Fica Fed State Other	56.30 104.65 25.14	Net Wages 1,013.91 Check No. 987456
	% 0.00	O					8.00			8.00	15.00	2) 0.20				
	M C	D										3) 0.00				
		T										4) 0.50				
												5) 0.30				
												6) _____				

Sample

For Hours Worked; S=Straighttime O=Overtime  
 D=DoubleTime T=TripleTime

\*Other Any other deductions, contributions and/or payments whether or not included or required by prevailing  
 wage determination must be separately listed. Use extra sheet(s) if necessary.

**\*FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

- 1) Medical or hospital care \_\_\_\_\_
- 2) Pension or retirement \_\_\_\_\_
- 3) Life Insurance \_\_\_\_\_
- 4) Disability \_\_\_\_\_
- 5) Vacation, holiday \_\_\_\_\_
- 6) Other (please specify) \_\_\_\_\_

**CERTIFIED STATEMENT OF COMPLIANCE**

For the week ending date of 9/07/2006

I, JOHN SMITH of PEM CONSTRUCTION COMPANY, (hereafter known as Employer) in my capacity as PRESIDENT (title) do hereafter certify and state:

All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- A) The records submitted are true and accurate;
- B) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- C) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 ( and section 31-54 if applicable for state highway construction);
- D) Each such employee of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- E) The employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- F) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years for both.

Submitted on \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**\*\*\* THIS IS A PUBLIC DOCUMENT \*\*\***

**\*\*\* DO NOT INCLUDE SOCIAL SECURITY NUMBERS \*\*\***