

**Cetified Weekly Payroll**

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 859792/HHGDF		Subcontractor Name & Address NUTMEG INTERIORS 1234 MAIN STREET ANYWHERE USA NC 27528		Wage Decision No.: wd667-908 Date of Decision: 2/01/2007	
PAYROLL NO. 11							

FOR WEEK ENDING 2/12/2007	NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	Work Classification	DAY AND DATE							Total Hours	Hourly Rate	Hourly Fringe (C=Cash) (FB=Fringe-Benefits)	Gross Amount this Project	Total Deductions	NET All Projects	
			TUE	WED	THU	FRI	SAT	SUN	MON							
			2/6	2/7	2/8	2/9	2/10	2/11	2/12							
			HOURS WORKED EACH DAY													
BOB SMITH 1234 MAIN STREET ANYWHERE USA, CA 12345 987-55-1234 (555)555-1234			PS	8.00	8.00	8.00	8.00			8.00	40.00	10.00	C: 5.00	1,000.00	FICA 76.50 Fed 170.65 State 48.07 RI TDI 0.50 Other 0.50	Net Wages 904.78
			PO					8.00		8.00	15.00	FB: 5.00	AllProjects 1,200.00			
			RH													
			RO													

Sample

Legend: PS=Prevailing Wage, PO=Prevailing Wage Overtime  
RH=Regular Hours, RO=Regular Overtime

STATEMENT OF COMPLIANCE

DATE:

I, JOHN SMITH, PRESIDENT do hereby state:

(1.) That I pay or supervise the payment of the persons employed by: PEM CONSTRUCTION COMPANY

on the CONTRACT# 998978 during the payroll

period commencing on the 7th day of AUG 2006, and ending the 8th day of JAN, 2007, 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 PEM CONSTRUCTION COMPANY from the full weekly wages 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 deduction as defined in Rhode Island General Laws Chapter 28-14.

(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 the appropriate wage determination for the project: that the classifications set forth therein for each laborer or mechanic conform with the work they perform.

(3.) That the apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State Apprenticeship Council 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 when due, to appropriate programs for the benefit of such employees

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 the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(5.) In accordance with Chapter 37-13-13, it is mandatory that contractors use these forms for all Rhode Island Department of Labor and Training requests for certified copies of payroll. Failure to submit information on these forms will constitute noncompliance by responding contractor. These forms must be signed by the owner or an officer of the corporation, certifying that this is a true and exact copy of their payroll records.

PLEASE PRINT Name and Title of Owner or Officer of the Corporation.

JOHN SMITH, PRESIDENT

Signature:

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The willful falsification of any of the above statements may subject the contractor or subcontractor to a \$100 per day fine and be deemed guilty of a misdemeanor.