

ILLINOIS DEPARTMENT OF LABOR

Certified Transcript of Payroll

** Please Note: The Submission of falsified payroll records is a criminal offense.

Contractor and/or Subcontractor

Contact Person: TOM JONES
 Company Name: PEM CONSTRUCTION COMPANY
 Address: P.O. BOX 217
 1234 MAIN STREET
 City, State, Zip: CLAYTON, NC 27528
 Telephone: (919)639-7025

Contract Information

Contract Number: 859792/HHGDF
 Project Number: Sample Project
 Project: 3RD FLOOR DEMOLITION AND RENOVATION
 Project Location: ACME BUILDING CORPORATION
 12345 MAIN STREET
 ANYWHERE, US 12345

Public Body Information

Contact Person: SALLY SMITH
 Public Body Name: STATE AGENCY
 Address: 100 STATE ST
 100 STATE ST
 City, State, Zip: RALIEGH, NC 27599
 Telephone: (555)555-9876

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

Payroll Date 2/12/2007	IDOL Case File Number: 889/55674-002	Hours Worked Each Day							Total Hours PW	Total OT PW	Hourly Rate PW	OT Rate PW	Per Pay Period		Hourly Fringe Benefits	
		TUE	WED	THU	FRI	SAT	SUN	MON					Gross PW	Net PW		
		2/6	2/7	2/8	2/9	2/10	2/11	2/12					Reg	Reg		
Employee Name, Address SSN & Telephone #	Labor CLASSIFICATION															
BOB SMITH 1234 MAIN STREET ANYWHERE USA, CA 12345 987-55-1234 (555)555-1234	CARPENTER	PW 8.00	8.00	8.00	8.00	8.00		8.00	48.00	8.00	10.00	15.00	520.00	736.00	Pension 0.20	
		N									20.00	30.00	0.00	1,200.00	Health & Welfare 0.10	
															Vacation 0.30	
															Training 0.40	

Sample

INSTRUCTIONS: Fringe benefits (health insurance, pension, vacation, and training) must be paid, if it is required for the work classification, regardless of your union or nonunion status. We give you credit for health insurance paid (if any) and ERISA approved pension plan (if any) and training if your employees are in a BAT approved program. If the fringe benefits rate is paid into a fund, please note by placing the letter "F" behind the fringe benefit rate; if the fringe benefit rate is included on an employee's payroll check, please note by placing the letter "E" behind the fringe benefit rate. On the back of this form please list all subcontractors, independent contractors and owner/operator's your company used on this project. If you wish information regarding coverage of the Act, please visit our web site at www.state.il.us/agency/idol/ or call 217-782-1710.

Ceritfed Transcript of Payroll

State of Illinois
Illinois Department of Labor

AFFIDAVIT

SUBCONTRACTORS

Weekly Statement of Compliance

Date: 2/12/2007

I, JOHN SMITH
(name of signatory party)

PRESIDENT, do
(Title)

hereby state: that I pay or supervise the payment
or the persons employed on the public works
Project 859792/HHGDF ;
(name of project)

that during the payroll period commencing on the
5 day of FEBRUARY, 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
(name of contractor or subcontractor)

from the full weekly wages earned by any person
and that no dedcutions have been made either
directly or indirectly from the full weekly wages
earned by any person, 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 the actual rates herein
stated and that the classification set forth for each
laborers or mechanic conform to the work he/she
performed.

Signature

Digital Signature _____

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information
Company Name: _____

Contact Person: _____

Address: _____

(city) (state) (zipcode)

Telephone Number: (000)000-0000

sample