

Certified Payroll Report

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

1. Employee Name, Address, & Last 4 digits of the SS #	2. Work Class ³⁾	3. Prevailing Wage Project Hours Worked - Day & Date	4. Total Hours	5. Base Rate	6. Project Gross	7. Fringes:					8. Total Hrs for all Jobs	Weekly Payroll Amount		11. Net Pay on All Jobs	
						<input type="checkbox"/> Cash <input type="checkbox"/> Approved Plans <input type="checkbox"/> Cash & Approved Plans						9. Total Gross on All Jobs	10. Total Deductions		
						Fringe Rate Your Company Pays Per Hour									
						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 _____
²⁾ Attach additional sheets as necessary. ³⁾ Type in continuous line, text will wrap.