

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: ABC Contractors			Address: 210 Lakeview Road Sometown, MA 99999								Phone No.: (555) 555-5555			Payroll No.: 1				
Employer Signature:			Title: President								Contract No.: 54-67-89		Tax Payer ID No.: 55-5555555		Work Week Ending: 01/10/2009			
Awarding Authority's Name: Public Authority			Public Works Project Name: Sample project for demonstration only								Public Works Project Location: 900 Spring Ridge Dr. Sometown, MA 99999			Min. Wage Rate Sheet No 7200A				
General / Prime Contractor's Name: ABC Contractors			Subcontractor's Name:								"Employer" Hourly Fringe Benefit Contributions							
														[B+C+D+E]		[A x F]		
Employee Name & Complete Address	Employee is OSHA 10 Certified (?)	Work Classification:	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare (C)	Pension (D)	Supp. Unemp (E)	Total Hourly Prev. Wage (F)	Project Gross Wages (G) Total Gross Wages	Check No. (H)
				Su	Mo	Tu	We	Th	Fr	Sa								
Jane Doe 71 Pineapple Lane Sometown, MA 99999	<input checked="" type="checkbox"/>	Pipe Fitter		0	8	8	8	0	0	0	24	18.00	1.00	1.50	6.50	27.00	648.00	# 8100
				0	0	0	0	8	8	0	16						720.00	
John Doe P.O. Box 999 Sometown, MA 99999	<input checked="" type="checkbox"/>	Sheetmetal Worker		0	8	8	8	0	0	0	24	20.00	1.00	1.50	6.50	29.00	696.00	# 8106
				0	0	0	0	8	8	0	16						800.00	
John Q. Public 2300 Arena Avenue Sometown, MA 99999	<input checked="" type="checkbox"/>	Truck Driver		0	8	8	8	0	0	0	24	22.00	1.00	1.50	6.50	31.00	744.00	# 8118
				0	0	0	0	8	8	0	16						880.00	
John Smith 36 Mimoso Lane Sometown, MA 99999	<input type="checkbox"/>	Laborer		0	8	8	8	0	0	0	24	14.00	1.00	1.50	6.50	23.00	552.00	# 8125
				0	0	0	0	8	8	0	16						560.00	
	<input type="checkbox"/>																	
	<input type="checkbox"/>																	
	<input type="checkbox"/>																	
	<input type="checkbox"/>																	

NOTE: Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Date received by awarding authority
/ /

WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form has been printed on the reverse of this page and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

In addition, every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority. For every week in which an apprentice is employed, a photocopy of the apprentice's identification card must be attached to the payroll report. Once collected, the awarding authority is also required to preserve those records for three years.

In addition, each such contractor, subcontractor or public body shall furnish to the awarding authority directly, within fifteen days after completion of its portion of the work, a statement, executed by the contractor, subcontractor or public body who supervises the payment of wages, in the following form:

STATEMENT OF COMPLIANCE	
January 30, 2009	
I, <u>Cory Smith</u> (Name of signatory party)	, <u>President</u> (Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
<u>ABC Contractors</u> (Contractor, subcontractor or public body)	on the <u>Building or project</u> (Building or Project)
and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	_____
Title	_____ President