

Department of Labor & Industries
 Prevailing Wage Program
 PO Box 44540
 Olympia, WA 98504-4540
 (360) 902-5335



CERTIFIED PROJECT PAYROLL

Prime Contract
 Subcontract

| | | |
|---|-------------|----------------------|
| Project Name | County | Project or Contract# |
| Sample project for demonstration only | Some County | 54-67-89 |
| Project Address | | |
| 900 Spring Ridge Drive Sometown, WA 99999 | | |

For the week ending: Awarding Agency Name
 Awarding Agency
 Month Day Year
 01/10/2009
 Address
 975 Some Street, Sometown WA 11111

Company Name
 ABC Contractors
 Address
 210 Lakeview Road Sometown, WA 99999

| Work Classification and Soc Sec# of Employee | Name and Address | O T or R G | Day and Date | | | | | | | Total Hours | Rate of Pay | Gross Amount Earned | | Deductions | | | | | | NET WAGES |
|--|---|------------------------|-----------------------|-------|-------|-------|-------|-------|-------|-------------|-------------|---------------------|--------------|------------|------------------|-----------|-----------|-----------|------------|-----------|
| | | | Su | Mo | Tu | We | Th | Fr | Sa | | | This Project | All Projects | FICA | Withhold-ing Tax | State Tax | Local Tax | Other Tax | Other Ded. | |
| | | | 01/04 | 01/05 | 01/06 | 01/07 | 01/08 | 01/09 | 01/10 | | | | | | | | | | | |
| | | | Hours Worked Each Day | | | | | | | | | | | | | | | | | |
| Pipe Fitter 999-99-9999 | Jane Doe 71 Pineapple Lane Sometown, WA 99999 | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 27.00 | \$432.00 | \$720.00 | 55.08 | 96.83 | 0.00 | 0.00 | 38.88 | 0.00 | \$529.21 |
| | | RG | 0 | 8 | 8 | 8 | 0 | 0 | 0 | 24 | 18.00 | | | | | | | | | |
| Sheetmetal Worker 999-99-9999 | John Doe P.O. Box 999 Sometown, WA 99999 | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 30.00 | \$480.00 | \$800.00 | 61.20 | 116.83 | 0.00 | 0.00 | 43.20 | 0.00 | \$578.77 | |
| | | RG | 0 | 8 | 8 | 8 | 0 | 0 | 0 | 24 | | | | | | | | | | 20.00 |
| Truck Driver 999-99-9999 | John Q. Public 2300 Arena Avenue Sometown, WA 99999 | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 33.00 | \$528.00 | \$880.00 | 67.32 | 72.53 | 0.00 | 0.00 | 47.52 | 0.00 | \$692.63 | |
| | | RG | 0 | 8 | 8 | 8 | 0 | 0 | 0 | 24 | | | | | | | | | | 22.00 |
| Laborer 999-99-9999 | John Smith 36 Mimosa Lane Sometown, WA 99999 | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21.00 | \$336.00 | \$560.00 | 42.84 | 58.38 | 0.00 | 0.00 | 30.24 | 0.00 | \$428.54 | |
| | | RG | 0 | 8 | 8 | 8 | 0 | 0 | 0 | 24 | | | | | | | | | | 14.00 |
| | | OT | | | | | | | | | | | | | | | | | | |
| | | RG | | | | | | | | | | | | | | | | | | |
| | | OT | | | | | | | | | | | | | | | | | | |
| | | RG | | | | | | | | | | | | | | | | | | |
| | | OT | | | | | | | | | | | | | | | | | | |
| | | RG | | | | | | | | | | | | | | | | | | |

AFFIRMATION

| | | | |
|---|---------------------------------------|--|--|
| (1) Today's Date 01/12/2009 | Name of signatory party Cory Smith | Title President | |
| The above signatory pays or supervises the payment of the persons employed by: | | (Name of Contractor or Subcontractor) ABC Contractors | |
| Name of building or work project Sample project for demonstration only | | Payroll period starting January 04 , 2009 | Payroll period ending January 10 , 2009 |
| All persons employed on above project have been paid the full weekly wages earned, that no rebates have/ will be made either directly or indirectly to or on behalf of the above contractor or subcontractor from the weekly wages earned by any person and that no deduction have been made either directly or indirectly from the full wages earned by any person, other than permissible deduction . | | | |

- (2) That any payroll otherwise inder 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 then the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conforms with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.
That:
- (4) 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 below have been or will be made to appropriate programs for the benefits of such employees.

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution.

| | | |
|---|--------------------|-----------|
| Print or type name of signatory Cory Smith | Title President | Signature |
|---|--------------------|-----------|

BENEFIT DISTRIBUTION (Please report in "per hour" terms)

| Craft/Trade | Hourly Total Benefit Credit | Hourly Pension | Hourly Medical | Hourly Vacation |
|-------------|-----------------------------|----------------|----------------|-----------------|
| Laborer | \$5.00 | \$2.00 | \$2.00 | \$1.00 |