



**RI Department of Labor and Training - Division of Workforce Regulation & Safety
Professional Regulation Unit/Prevailing Wage Section**

1511 Pontiac Avenue Building 70
P.O. Box 20247 Cranston, RI 02920-0943

RI Certified Weekly Payroll

Contractor: ABC Contractors
Address: 210 Lakeview Road Sometown, PA 99999
Phone # : (555) 555-5555 **Email :** Corvsmith@abcco.com

Subcontractor: _____
Address: _____
Phone # : _____ **Email :** _____

For Week Ending: 07/10/2011 **Project/ Location:** Sample project for demonstration only **Wage Decision #:** 54-67-89 **Decision Date:** 01/05/2009

Name, Address Phone & SS # of Employee	Work Classification	Date:	Mo	Tu	We	Th	Fr	Sa	Su	Total Hrs	Hourly Rate	Hourly Fringe Benefit	Gross Amt this Project/ All	Deductions					
			07/04	07/05	07/06	07/07	07/08	07/09	07/10					FICA	Withheld		Other Tax	*Other	Net
			Hours Worked Each Day												Federal	State			
Apprentice %																			
Jane Doe 71 Pineapple Lane Sometown, RI 99999 xxx-xx-1111	Laborer	P.S.	8	8	8	8	4	0	0	36	14.00	10.50	504.00	31.64	69.77	21.00	37.52	0.00	400.07
		P.O.	0	0	0	0	0	0	0	0	21.00								
		R.H.	0	0	0	0	4	0	0	4	14.00								
		R.O.	0	0	0	0	0	0	0	0	0.00								
John Doe P.O. Box 999 Sometown, RI 99999 xxx-xx-2222	Pipe Fitter	P.S.	8	8	8	8	4	0	0	36	18.00	10.50	648.00	39.78	91.38	26.40	47.17	0.00	499.27
		P.O.	0	0	0	0	0	0	0	0	27.00								
		R.H.	0	0	0	0	4	0	0	4	14.00								
		R.O.	0	0	0	0	0	0	0	0	0.00								
John Q. Public 2300 Arena Avenue Sometown, RI 99999 xxx-xx-3333	Sheetmetal Worker	P.S.	8	8	8	8	4	0	0	36	20.00	10.50	720.00	43.84	55.92	27.66	51.99	0.00	596.59
		P.O.	0	0	0	0	0	0	0	0	30.00								
		R.H.	0	0	0	0	4	0	0	4	14.00								
		R.O.	0	0	0	0	0	0	0	0	0.00								
		P.S.																	
		P.O.																	
		R.H.																	
		R.O.																	
		P.S.																	
		P.O.																	
		R.H.																	
		R.O.																	

Legend: P.S.=Prevailing Wage Standard Hours P.O.=Prevailing Wage Overtime Hours R.H.=Regular Hours R.O.=Regular Overtime Hours

***Note:** Deductions reported in the "other" column must be listed.

STATEMENT OF COMPLIANCE

I, Cory Smith President do hereby state:
(print name of signatory party) (title)

(1) That I pay or supervise the payment of the persons employed by ABC Contractors on the
(Contractor or Subcontractor)
Sample project for demonstration 0: that during the payroll period commencing on the 04 day of July, 2011 and ending
(Project)
the 10 day of July, 2011, all persons working 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 ABC Contractors
(contractor or subcontractor)
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 deductions as defined in Rhode Island General Law 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 performed.

(3) That the apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with
the Rhode Island State Apprenticeship Council.

(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.

Fringe Benefits Explanation: Bona fide fringe benefits are paid to approved plans, funds or programs except those
required by Federal or State Law.

Please specify the type of benefits provided:

- 1) Medical or hospital care Medical or Hospital Care
- 2) Pension or Retirement Pension or retirement benefits
- 3) Life Insurance Life Insurnace benefits
- 4) Disability Disability benefits
- 5) Vacation, sick, holiday Vacation, holiday benefits
- 6) Other (please specify) Other benefits

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll or listings 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
rate schedule.

(5) In accordance with Chapter 37-13-13, it is mandatory that the contractors use these forms for all Rhode Island Department of
Labor requests for certified copies of payroll. Failure to submit information on these forms will constitute non-compliance by the
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.

<small>PLEASE PRINT Name and title of owner or officer of the corporation</small>	
Cory Smith	President
SIGNATURE	DATE
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.	