

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

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**CERTIFIED PAYROLL REPORT**

Subcontractor <input type="checkbox"/>	County _____ Project or Contract # _____ Project Address _____ City _____ State _____
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For the week ending: Month Day Year	Awarding Agency Name _____ Phone _____	Company Name _____ Phone _____	
	Address _____ City _____ State _____ Zip+4 _____	Address _____ City _____ State _____ Zip+4 _____	

Work Classification and Soc Sec# of Employee	Name and Address	OT or Reg	Hours Worked Each Day							Total Hours	Rate of Pay	Gross Amount Earned	Total Hourly Benefit	Deductions			NET WAGES
			Sun	Mon	Tue	Wed	Thu	Fri	Sat					FICA	Withhold- ing Tax	Other	

1		OT																
		RG																
2		OT																
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10		OT																
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# AFFIRMATION

**INFORMATION ONLY**

Today's Date	Printed name of party signing this report
The party signing this report pays or supervises (Name of contractor or subcontractor)	
the payment of persons employed by:	
Project Name:	For the week starting: For the week ending:

BENEFIT DISTRIBUTION (Please report in "per hour" terms)						
Work Classification	Total Hourly Benefits (A+B+C+D+E)	(A) Hourly Pension	(B) Hourly Medical	(C) Hourly Vacation	(D) Hourly Holiday	(E) Approved Apprenticeship Prg.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**INFORMATION ONLY**

The party below **AFFIRMS** the following:

- All persons employed on the above referenced project have been paid the full weekly wages earned, no rebates have/will be made directly or indirectly to or on behalf of the above-named contractor or subcontractor from the weekly wages earned by any person; and no deductions, other than those which are permissible, have been made by any person either directly or indirectly from the full wages earned.
- Any payroll report(s) otherwise required under this contract to be submitted for the above period(s) is (are) correct and complete; the wage rates for workers, laborers, or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; and the classifications set forth therein for each worker, laborer, or mechanic conform with the work performed by such worker, laborer, or mechanic.
- Any apprentices employed in the above period are duly registered in the applicable apprenticeship program maintained with the Washington State Apprenticeship and Training Council.
- If fringe benefits are paid, in addition to the basic hourly wage, the above-referenced payroll, payments of fringe benefits as listed above have been or will be made to appropriate approved beneficiaries of the fringe benefit plan.
- All information contained in this Certified Payroll Report, including any addenda, is correct.

**INFORMATION ONLY**

**Falsification of any of the above statements is a violation of RCW 39.12.050 subject to prosecution, sanctions, and penalties.**

Print or type name of party signing this report	Title	Signature
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