

This is a preview of the "LLC-25 Pennsylvania Certified Payroll & Statement of Compliance" forms, tips, and directions package, which **includes Excel and PDF** versions. The purchased forms are full-size, without the watermark, and they come with **instant download, unlimited usage, unlimited free replacement, and unlimited free support.**

Never a monthly fee - purchase 'em once and never pay for 'em again.


These auto-calculating forms can be filled in, saved, printed an unlimited number of times, changed and saved again - all as often as you need, on as many projects as you need.

The forms are available here: <https://www.construction-business-forms.com/pewespaceforp.html>

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one)

ALL INFORMATION MUST BE COMPLETED

CONTRACTOR ADDRESS ENTER CONTRACTOR ADDRESS 1 ENTER CONTRACTOR ADDRESS 2 ENTER CONTRACTOR ADDRESS 3		SUBCONTRACTOR ADDRESS ENTER SUBCONTRACTOR ADDRESS 1 ENTER SUBCONTRACTOR ADDRESS 2 ENTER SUBCONTRACTOR ADDRESS 3		 DEPARTMENT OF LABOR & INDUSTRY <small>COMMISSIONER OF PENNSYLVANIA</small> BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG, PA. 17120 1-800-932-0665
PAYROLL NO. 1		PROJECT AND LOCATION ENTER PROJECT AND LOCATION		
FOR WEEK ENDING 5/11/2022	PROJECT SERIAL # ENTER PROJECT SERIAL NUMBER	PROJECT # ENTER PROJECT NUMBER		

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			SU	MO	TU	WE	TH	FR	SA						
			5	6	7	8	9	10	11						
CHARLES S WOOLSTEN <i>PER DOLI, ADDRESS IS NOT REQUIRED BUT THERE'S ROOM TO ENTER IT IF YOU WISH</i>	25	WORK CLASSIFICATION	8.00	8.00	8.00	8.00	8.00			40.00	\$20.00	C: \$30.00	\$250.00	\$950.00	123456789
					2.00		2.00			4.00	\$30.00	FB: \$4.50			
												C:			
												FB:			
<i>SEE INCLUDED "TIPS" & "INSTRUCTIONS FROM DOLI" FOR HELPFUL INFO</i>												C:			
												FB:			
												C:			
												FB:			

www.Construction-Business-Forms.com

* SEE REVERSE SIDE

(Over)

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

* FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____ *If there are several different amounts for any fringe benefit, the employer may list the minimum and maximum amounts. (For example: \$2.00 - \$4.50). See included "Instructions from DOL" for more info.*
- 2) Pension or retirement _____
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with ENTER YOUR CUSTOMER'S NAME AND INFO ON THESE TWO LINES for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are: ENTER YOUR COMPANY INFO ON THESE TWO LINES, THEN THE TYPE OF ORGANIZATION BELOW
- (b) The undersigned is: a single proprietorship a corporation organized in the state of _____
 a partnership other organization (describe) _____
- (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
OWNERS/PARTNERS/OFFICERS	THEIR TITLE	THEIR ADDRESSES ADDRESSES ADDRESSES ADD

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(NAME) (TITLE) (SIGNATURE) (DATE)

Commonwealth of Pennsylvania)
County of _____) SS:

Sworn to and subscribed before me on the _____ day of _____, 20____, by _____
(Name of Principal Signer)

(Title of Officer)

(Seal)

TIPS & TROUBLESHOOTING

FREE UPDATES

When the government requires changes to the form I provide you with updated versions at no charge, no matter how often and no matter how long ago it's been since you purchased the form. I announce the updated forms in my free newsletter - please subscribe to stay in the know about updated forms.

<https://www.informedcontractors.com/subscribe-to-our-inbox-magazine.html>

ZERO VALUES AREN'T SHOWING BUT YOU WANT THEM TO

If you'd prefer that fields with a zero value show, please follow these steps. These steps are for Office 365 for Windows and may vary with other versions.

Go to File > Options > Advanced > Display Options For This Worksheet ... Select LLC 25 from the dropdown
Put a checkmark in the box that reads "Show a zero in cells that have zero value"
Click OK

USING YOUR TAB KEY TO MOVE THROUGH THE FORM

When tabbing from fillable field to fillable field, Excel determines the tab order. It's definitely not a perfect system and occasionally you'll find that you're tabbed into a field that you didn't necessarily expect to be in. When that happens you can use your arrow keys or your cursor to go back to the field you need to be in, and click to activate it.

TO DROP TO NEXT LINE WHEN FILLING IN MULTI-LINE FIELDS

Windows, press the alt key and the enter/return key at the same time.

Macintosh, press the control key and the option key and the enter/return key at the same time.

SAVE TIME FILLING IN YOUR FORMS

Fill in all of the redundant fields such as your company name and address, names of your employees, everything that will stay the same from project to project.

Save it. Now every time you open it, that redundant info will already be filled in, saving you time. If you ever need to change it, just type over what you already typed in and resave it.

PROTECTION OF THE FORM LAYOUT/DESIGN

The forms are protected but without a password. The protection allows you to tab in and out of only the fillable fields rather than in and out of every field in the form. If you need to unprotect it feel free but please make a backup copy first. Once the form is unprotected it's extremely easy for it to get "knocked out of whack". With a backup copy, if anything happens to the layout of your form, you won't have to wait until I'm available to have a replacement emailed to you. I'm more than happy to email replacements, I just might not be available as quickly as you might need.

AUTO-CALCULATIONS & AUTO-POPULATION OF FIELDS

Column 4 - "Day and Date":

After you enter the ending date in the "For Week Ending" box, the individual dates will automatically populate in this section.

Column 5 - "S-Time / O-Time":

As you enter the hours worked for each employee, those hours will automatically total and populate in this section.

Column 9 - "Gross Pay for Prevailing Rate Job(s)":

After you've entered the hours worked, wages per hour, and cash benefit if any, the "Gross Pay for Prevailing Rate Job(s)" box will automatically calculate and populate.

As per the instructions from the state of Pennsylvania Department of Labor and Industry (DOLI), any cash amount paid separate from fringe benefit contributions must be included in the "Gross Pay for Prevailing Rate Job(s)" box.

IF YOU NEED MORE SHEETS FOR MULTIPLE-WEEK PROJECTS AND/OR MORE EMPLOYEE ROWS

You can copy the LLC-25 worksheet and create a second (and third, fourth, etc.) payroll form to accommodate every week of the project and have as many employee rows as you need.

Do this FIRST for multiple-week projects

Before you copy the worksheet/payroll form, fill it in completely. This will allow all of the info to copy over to the additional forms/sheets that you create, so that you don't have to enter that info again and again.

Do this FIRST for more employee rows

Before you copy the worksheet, be sure to fill in all of the redundant info for the project, such as contractor/subcontractor names, addresses, project information, week ending date, etc. This will allow that redundant info to copy over to the additional sheets so that you don't have to enter it on every sheet. Don't fill in the employee information before copying because it will transfer over to the new copy. If that does happen though, no worries because you can delete it.

How to copy the form/worksheet

The various versions of Excel may have differing methods on how to do this but in my Excel program (Office 365 for Windows) this is how I do it:

Hover your cursor over the worksheet tab at the bottom of this workbook titled "LLC-25".

Double-click to activate a pop-up menu.

Select "Move or Copy".

Click on "Statement of Compliance" in the box that pops up.

Check the box that says "Create a copy".

Click the "OK" button and there should now be a second payroll worksheet after the first payroll worksheet and before the "Statement of Compliance" worksheet.

If you want to change the automatically-assigned name of the new worksheet, hover your cursor over the worksheet tab at the bottom of this workbook for the worksheet you just created.

Double-click to activate a pop-up menu.

Choose "Rename", enter the name you'd like, and hit "Enter".

If you have any trouble doing this please let me know; I'm happy to help. :o)

REPLACEMENT OF THIS DOCUMENT/WORKBOOK

If something goes awry when you're customizing the form, or the form gets lost, or whatever might happen, please let me know and I'll be happy to send a new copy to you.

PRINTING

The forms should automatically print on 8 1/2 x 11 sheets of paper, one sheet for each form. If this doesn't happen you can tell your printer to "fit sheet on one page" (or words to that effect).

You can keep this instruction sheet because it won't print unless you specifically tell it to. But if you'd rather delete it, unlock/unprotect this sheet, delete this sheet, then save the workbook.

If, after you delete something you realize that you didn't really want to delete it, please let me know and I'll send you another copy of this entire workbook at no charge (unlimited free replacements).

BACK-UP COPIES

Please make backup copies. I'm always happy to replace forms but sometimes I might not be available as quickly as you might need a replacement. By having a backup copy(ies) you'll always have a fresh copy available. But please always feel free to ask for a replacement should you need one.

MY EMAIL ADDRESS & PHONE NUMBER

thecontractorsgroup@gmail.com

760-646-6303

Please feel free to contact me for any reason. I very seldom answer the phone these days due to the crazy amount of scam calls that I receive but leave a message and I promise that I'll get back to you.

If your computer loses your form, or it gets knocked out of whack, etc. please email me and let me know the email address you used during your purchase (or the order number if you have it) and I'll send you a new copy.

<https://www.informedcontractors.com/subscribe-to-our-inbox-magazine.html>

DIRECTIONS FROM THE PA DEPT OF LABOR & INDUSTRIES FOR COMPLETING THE LLC-25

1. Indicate whether you are a contractor or subcontractor by checking the proper box.
2. If you are a contractor, fill in the name of the company and address.
3. If you are a subcontractor, fill in the name and address of the company that you are contracted to and fill in the name and address of your company.
4. In the box marked "Payroll Number," indicate the present week applicable to your company's work on this project. Your first week will be 1, the second week 2, etc.
5. The "Week Ending Date" is the ending date of the week you are reporting.
6. "Project and Location" is the name given to the project by the public authority.
7. "Project Serial #" is the number assigned to the prevailing wage rates. This number is located in the heading of the wages.
8. "Project #" is the number assigned to the project by the awarding public authority.
9. "Employee Name" applies to each worker performing work.
10. "Appr. Rate" is the percentage to be paid to a registered apprentice according to your apprenticeship agreement. Any apprentice employed on a prevailing wage project must be registered with the Commonwealth, Department of Labor and Industry.
11. "Work Classification" is the classification in which the employee is working during these hours. If the worker is engaged in work for more than one classification, you must complete separate lines for each classification.
12. "Day and Date" is the calendar date and day of the week.
13. "Hours Worked Each Day" are the hours worked in each classification.
14. "S-Time and O-Time" refer to straight time and overtime, respectively.
15. "Base Hour Rate" is the "Hourly Rate" that is listed in the Prevailing Wage Predetermination for this project.
16. "Total Fringe Benefits" refers to the Fringe Benefit portion of the wages. The contractor or subcontractor, after figuring its cost per hour for their fringe benefits would list that amount in that box beside the letters "FB." The remainder of the amount determined for the fringe benefits would be listed beside the letter "C" which is the amount payable to the worker in addition to the hourly rate.
17. "Total Deductions" are the deductions for the week that are listed on the employee's check stub.
18. The "Gross Pay for Prevailing Wage Jobs" refers to the number of hours worked in each classification times the hourly rate plus the amount of cash remaining in the fringe benefit total.
19. "Check #" is the number of the payroll check.
20. The Fringe Benefit Section on the top of the reverse side of the form must be completed for the first and last submission only. If there are several different amounts for any fringe benefit, the employer may list the minimum

and maximum amounts. (For example: \$2.00 - \$4.50).

21. The remainder of the reverse side must be completed weekly.

This record must be kept for at least 2 years and remain accessible for Department of Labor and Industry inspection. Falsification of any information constitutes grounds for criminal prosecution, debarment, fines and statutory damages. 43 P.S. §§ 165-6, 165-10(c), 165-11(e), (h).