CERTIFIED PAYROLL REPORT

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

Prime Contractor ☐

Subcontractor ☐

Project Name	County	Project or Contract#

Project Address	City	State

For the week ending:

Awarding Agency Name	Phone	Company Name	Phone

Month   Day   Year

Address	City	State	ZIP+4	Address	City	State	ZIP+4

Work Classification and Soc Sec# of Employee	Name and Address	Overtime or Regular	Day and Date — Hours Worked Each Day							Total Hours	Rate of Pay	Gross Amount Earned	Total Hourly "Usual Benefits"	Deductions			NET WAGES
			Sun	Mon	Tue	Wed	Thu	Fri	Sat					FICA	Withhold-ing Tax	Other	
1.		OT								0.00	0.00	0.00	$ 0.00				$ 0.00
		RG								0.00	0.00						
2.		OT								0.00	0.00	0.00	$ 0.00				$ 0.00
		RG								0.00	0.00						
3.		OT								0.00	0.00	0.00	$ 0.00				$ 0.00
		RG								0.00	0.00						
4.		OT								0.00	0.00	0.00	$ 0.00				$ 0.00
		RG								0.00	0.00						
5.		OT								0.00	0.00	0.00	$ 0.00				$ 0.00
		RG								0.00	0.00						
6.		OT								0.00	0.00	0.00	$ 0.00				$ 0.00
		RG								0.00	0.00						
7.		OT								0.00	0.00	0.00	$ 0.00				$ 0.00
		RG								0.00	0.00						
8.		OT								0.00	0.00	0.00	$ 0.00				$ 0.00
		RG								0.00	0.00						
9.		OT								0.00	0.00	0.00	$ 0.00				$ 0.00
		RG								0.00	0.00						
10.		OT								0.00	0.00	0.00	$ 0.00				$ 0.00
		RG								0.00	0.00						

Employee Benefits Distribution and Signature Certification on Reverse Side

AFFIRMATION

Today's Date	Printed name of party signing this report	Title

The party signing this report pays or supervises the   (Name of contractor or subcontractor)
payment of the persons employed by:

Project Name:		For the week starting:	For the week ending:

"USUAL BENEFITS" DISTRIBUTION (Please report in "per hour" terms)

Work Classification	Total Hourly "Usual Benefits" (A + B + C + D + E)	(A) Hourly Pension	(B) Hourly Medical	(C) Hourly Vacation	(D) Hourly Holiday	(E) Approved Apprentice Program
1.	$ 0.00					
2.	$ 0.00					
3.	$ 0.00					
4.	$ 0.00					
5.	$ 0.00					
6.	$ 0.00					
7.	$ 0.00					
8.	$ 0.00					
9.	$ 0.00					
10.	$ 0.00					

The party signing below **AFFIRMS** the following:

(1)   All information contained in this Certified Payroll Report, including any addenda, is correct and complete.

(2)   The wage rates for workers, laborers or mechanics as reported above are not less than the applicable wage rates contained in any wage determination related to the contract; and the classifications as reported above for each worker, laborer or mechanic conform with the actual work performed by such worker, laborer or mechanic.

(3)   The payments of usual benefits as listed above have been or will be made to appropriate approved plans, funds or programs for the benefit of such employees.

(4)   All persons employed on the above-referenced project(s) have been paid the full weekly wages earned, and no rebates have been or will be made either directly or indirectly to or on behalf of the above-named contractor or subcontractor from the weekly wages earned by any person. No deductions, other than those which are legally permissible, have been made by any person either directly or indirectly from the full wages earned.

(5)   Any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Washington State Apprenticeship and Training Council.

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