WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form is available from the Department of Labor Standards (DLS) at <u>www.mass.gov/dols/pw</u> and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

On a weekly basis, every contractor and subcontractor is required to submit a certified copy of their weekly payroll records to the awarding authority; this includes the payroll forms and the Statement of Compliance form. The certified payroll records must be submitted either by regular mail or by e-mail to the awarding authority. Once collected, the awarding authority is required to preserve those records for three years from the date of completion of the project.

Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

_	, 20
I,	,,
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the paym	ent of the persons employed by
	on the
(Contractor, subcontractor or public body)	(Building or project)
	eamsters, chauffeurs and laborers employed on
11	e with wages determined under the provisions of
1 0 1	chapter one hundred and forty nine of the
General Laws.	enapter one numered and forty find of the
Signat	ture
Title	

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

Company's Name:			Address:								Phone No.:				Payroll No.:			
																	NSS VN	JOINS .
Employer's Signature:			Title:							Contra	act No:	Tax Payer ID Number		Work Week Ending:				
Awarding Authority's Name:			Public Works Project Name:							Public Works Project Location:				Min. Wage Rate Sheet Number				
General / Prime Contractor's Name:			Subcontractor's Name:							"Employer" Hourly Frin				ge Benefit Contributions				
															(B+C+D+E)	(A x F)		
Employee Name & Complete	Work	Employee is OSHA 10	Appr. Rate		1	Ho	ours Wo	orked			Project Hours (A)	Hourly Base Wage	Health & Welfare Insurance	ERISA Pension Plan	Supp. Unemp.	Total Hourly Prev. Wage	Project Gross Wages	Check No.
Address	Classification:	certified (?)	(%)	Su.	Mo.	Tu.	We.	Th.	Fr.	Sa.	All Other Hours	(B)	(C)	(D)	(E)	(F)	Total Gross Wages	(H)
Are all apprentice employed	l es identified abo	ove curre	ently reg	gistere	d with	the MA	L A DLS's	B Divisi	on of A		ice Star	dards?		YES		NO		
For all apprentices perform by the Massachusetts Depa									tice ide	entificat	tion carc	lissued		No	apprentices	s are identif	ied above	
Are all apprentice employed For all apprentices perform by the Massachusetts Depa NOTE: Pursuant to MGL c. authority by first-class mail	ing work during artment of Labor 149, s. 27B, eve	the repo ⁻ Standa ery contr	orting po rds / Di ractor a	eriod, a ivision and sul	attach a of App bcontra	a copy rentice actor is	of the Stand requir	appren lards. ed to si	tice ide ubmit a	entificat a <u>true a</u>	tion carc	l issued <u>urate</u> copy		No a	ekly payrol	s are identif I records to	the award	ling

authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Date Received by Awarding Authority						
/	/					

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