

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

CONTRACTOR PAYROLL RECORDS

(See Sections 290.210 to 290.340, RSMo and 3 CSR 30-3.010 to 8 CSR 30-3.060)

Name of Contractor Subcontractor								Α	Address: 371 Canal Park Dr									
Points North (CPW Sample Reports)								C	City: Jefferson City			State	MO ZIP: 65101		1 P	Phone Number: 775 111 1111		
Name of Public Body									Address: 123 Main Street									
Sample Public Body								C	ity: Je	efferson	City	State	State Missouri ZIP: 65104 Phone Number:				nber: 555-555	5-5555
Payroll No.: 104 For Week Ending: 12/24/2011 Project and Location: S							n: Sta											
Name and Address of Employee	Occupational Title ***	or S.T.		Day and Date								Gross Amt	t Deductions					
			Sun	Mon	Tue	Wed	Thu	Fri	Sat Total		Project	FICA	Federal & State	Local Tax		Total	Net Wages Paid for	
		0.T.	12/18		12/20 urs W		12/22 Each I		12/24	Hours	of Pay		& Medicare	With- holding Tax	ı	Other	Deductions	Week
Hiko, Lee 120 Jones St	Laborer	O S	6	0	0	0	0	0	0	6	22.00	\$132.00 \$880.00	\$67.32	\$138.49	\$0.00	\$207.51	\$207.51	\$672.49
Lew, Matt 84 Amburst Rd	Operator	o s	0 0	1.5 0.5	0 0	0 0	0 0	0 0	0 0	1.5 0.5	33.00 44.00 22.00	\$247.50 \$896.50	\$68.58	\$111.99	\$0.00	\$182.29	\$182.29	\$714.21
Ritz, Jes 41 Cattail Lane	Electrician	O	0	2	0	0	0	0	0	2 6	30.00	\$180.00	\$61.20	\$133.57	\$0.00	\$196.41	\$196.41	\$603.59
Wacki, Bill 10 Wards Rd	Laborer	0	0	8	8	0	0	0	0	16	16.00	\$256.00	\$29.38	\$46.00	\$0.00	\$88.21	\$88.21	\$295.79
		0	U	8	0	U	0	0	0	10	10.00							
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I, John Smith	Owner
(Name of Signatory Party) do hereby state:	(Title)
(1) That I pay or supervise the payme	nt of the persons employed by
Points North (CPW Sample Reports)	on the
(Contrac	ctor or Subcontractor)
Stable Work 2904 (Building or Work)	; that during the payroll period commencing on the
	nd ending the 24 day of December the peen paid the full weekly wages stated above, that no rebates indirectly to or on behalf of
Points North (CPW Sample Reports)	from the full
(Contractor	or Subcontractor)
from the full wages earned by any person, or	at no deductions have been made either directly or indirectly ther than legally permissible deductions, that full and accurate apations, and crafts of every worker employed by them in

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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 legally permissible deductions, that full and accurate records clearly indicating the names, occupations, and crafts of every worker employed by them in connection with the public work together with an accurate record of the number of hours worked by each worker and the actual wages paid for each class or type of work performed and deduction made for each worker have been prepared, that these payroll records are kept and have been provided for inspection to the authorized representative of the contracting public body and will be available as often as may be necessary and such records shall not be destroyed or removed from the state for the period of one year following the completion of the public work in connection with which the records are made.

- (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 any wage order incorporated into the contract; that the occupational title set forth herein for each laborer or mechanic conform with the work he/she performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a state apprenticeship agency recognized by the Office of Apprenticeship (OA), U.S. Department of Labor (USDOL), or if no such recognized agency exists in a state, are registered with the OA, USDOL.

FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart (if fringe benefit amounts paid are the same for all employees, you may list the amount of each such identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee's name and set out the amounts paid on behalf of each employee for each fringe benefit):

VII. 101 1215	Health	Pension	Vacation	Holiday	Training	Dues	Other	Total
Employee Name								
Hiko, Lee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.75	\$1.75
Lew, Matt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.00	\$2.00
Ritz, Jes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.15	\$3.1
Wacki, Bill	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.50	\$2.5

^{*}If "Other/Deductions" or Fringes, please explain:

Identify by name plan, fund, or programs to which fringe benefits are paid:

Name and Title	Signature
John Smith Owner	
The falsification of any of the above statements neriminal prosecution. See Sections 290.340, 570.	