

Certified Payroll Report for Labor Contractors
(See Instructions in Form WH-142)

Name of Contractor: _____ Address: _____

Payroll Period: _____ Work Done on Land Owned By: _____ Location: _____ Name of Company if Private or Contract No. if USFS or BLM: _____
From _____ to _____ * ___ USFS ___ BLM ___ State ___ Private _____

(1) Name and Address	(2) Work Classification	(3) Rate of Pay	(4) Total Hours**	(5) Total Pieces	(6) Equipment Rental	(7) Gross Amount	(8) Withholding Taxes	(9) Other Deductions (Specify purpose and amt)	(10) Net Wages Paid
		ST _____ OT _____ FRINGE _____	ST _____ OT _____						
		ST _____ OT _____ FRINGE _____	ST _____ OT _____						
		ST _____ OT _____ FRINGE _____	ST _____ OT _____						
		ST _____ OT _____ FRINGE _____	ST _____ OT _____						
		ST _____ OT _____ FRINGE _____	ST _____ OT _____						
		ST _____ OT _____ FRINGE _____	ST _____ OT _____						

* _____ First Payroll _____ Mid-Project Payroll _____ Last Payroll (check one) (See Instructions (form WH-142) for due dates of payroll reports.)

** Total Hours must be shown if employee is paid on a piece rate basis.

Date: _____

I, _____, _____ certify
(Name of signatory party) (Title)

1. That I pay or supervise the payment of the persons employed by

_____;
(Name of licensed contractor)
that during the payroll period commencing on the _____ day of _____, 20___, all persons employed have been paid the full wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of _____ from the full wages earned by any person
(Name of licensed contractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as allowed by law.

2. That the payrolls submitted for the above period are correct and complete; that the wage rates for workers contained therein are not less than the applicable wage rates contained in any wage determination incorporated into any applicable United States Government contract; that the classifications set forth therein for each worker conform with the work performed.

3. That: (Complete only when the Service Contract Act applies.)

a. WHERE FRINGE BENEFITS ARE REQUIRED BY A FEDERAL CONTRACT TO BE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS:

_____ In addition to the basic hourly wage rates paid each worker listed in the above reference payroll, payment of fringe benefits as listed in the contract have been or will be made to the appropriate programs for the benefit of such employees, except as noted in Section 3 (c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH:

_____ Each worker listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 3 (c) below.

c. EXCEPTIONS

<u>Exception (craft)</u>	<u>Explanation</u>
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_____	_____
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_____	_____
_____	_____

Remarks:

Name and Title:

Signature