

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

CONTRACTOR PAYROLL RECORDS

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

Name of Contractor Subcontractor					Address of Contractor or Subcontractor:												
				C	ity:					S	State:	ZIP:]	Phone Nun	nber: ()	-
Name of Public Body					Address of Public Body:												
					ity:					9	State:	ZIP:]	Phone Nun	nber: ()	_
Payroll No. For Week Ending AWO Project and Location			Project and Location		.,,											t or Contrac	
.	/ /		.,														
						3. Day and Date					6. Gross Amt	7. D		Deduction	Deductions		
Name and Address of Employee		2. Occupational Title ***					4.	5.	Davis	FICA	Federal			Total	8. Net		
										Hourly Rate		and	and State		Other	Deduc-	Wages Paid for Week
					Hours Worked Each Day			nouis	ours Rate	Week	Medicare	Withhold- ing Tax	A	В	tions	for week	
				DT									ing run				
				ОТ							/						
				ST													
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				ОТ							1 /						
				ST													

FRINGE BENEFITS

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 below. 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.

Employee Name	Health and Welfare (\$/hr)	Pension	Vacation (\$/hr)	Holiday (\$/hr)	Apprentice Training (\$/hr)	Other C (\$/hr)	Other D (\$/hr)	Total (\$/hr)	If "Other/Deduction" or Fringes, please explain. (Indicate Other A, B, C or D)	Identify by name, the plan, fund, or programs to which fringe benefits are paid. (Indicate H&W, Pension, etc.)

Date:	_		
I,	(Name of Signatory Party),	(Title) do hereby state:	
(1) That I pay or superv	rise the payment of the persons employed by		(Contractor or Subcontractor) on the
	(Building or Work); that during the payroll period con	nmencing seven (7) days prior to the week ending date of	all persons employed on said project have been paid
the full weekly wages stated ab	bove, that no rebates have been or will be made either directly or indirectly to or on	behalf of	(Contractor or Subcontractor), from
the full weekly wages earned b	by any person and that no deductions have been made		
either directly or indirectly fro	om the full wages earned by any person, other than legally permissible deduction	s, that full and accurate records clearly indicating the names, or	ccupations, and crafts of every worker employed by them in
connection with the public wor	rk 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 perform	ned and deduction made for each worker have been prepared,
that these payroll records are k	kept and have been provided for inspection to the authorized representative of the c	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	f one year following the completion of the public work in connection with which th	e records are made.	
(2) That any payrolls oth	herwise under this contract required to be submitted for the above period are corr	ect 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 in	ncorporated into the contract; that the occupational title set forth herein for each lab	orer or mechanic conform with the work performed.	
Name and Title		Signature	
The falsification of any of the	above statements may subject the contractor or subcontractor to criminal prosecution	ion. See Sections 290.340, 570.090, 575.050, and 575.060, RSMo).

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program. TDD/TTY: 800-735-2966 Relay Missouri: 711