

COMPANY NAME
 Certified Payroll Register
 Week Ending Date

Project Title:
 Payroll No.

Name, Address, Soc.Sec. #	Trade Tax Status	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	S.T. Hrs This Project O.T. Hrs This Project	S.T. Rate O.T. Rate	Gross This Project	Total Gross This Period	Deductions	Deduction Detail	Net Check
									0.00	\$0.00	\$0.00	\$0.00	\$0.00	Withholding Tax	
													\$0.00	F.I.C.A./Medicare	
													\$0.00	Other Deductions	
													\$0.00	Total Deductions	\$0.00
									0.00	\$0.00	\$0.00	\$0.00	\$0.00	Withholding Tax	
													\$0.00	F.I.C.A./Medicare	
													\$0.00	Other Deductions	
													\$0.00	Total Deductions	\$0.00
									0.00	\$0.00	\$0.00	\$0.00	\$0.00	Withholding Tax	
													\$0.00	F.I.C.A./Medicare	
													\$0.00	Other Deductions	
													\$0.00	Total Deductions	\$0.00
									0.00	\$0.00	\$0.00	\$0.00	\$0.00	Withholding Tax	
													\$0.00	F.I.C.A./Medicare	
													\$0.00	Other Deductions	
													\$0.00	Total Deductions	\$0.00
									0.00	\$0.00	\$0.00	\$0.00	\$0.00	Withholding Tax	
													\$0.00	F.I.C.A./Medicare	
													\$0.00	Other Deductions	
													\$0.00	Total Deductions	\$0.00
									0.00	\$0.00	\$0.00	\$0.00	\$0.00	Withholding Tax	
													\$0.00	F.I.C.A./Medicare	
													\$0.00	Other Deductions	
													\$0.00	Total Deductions	\$0.00

This page is a sample to show what information should be included on your certified payroll forms.

All certified payroll reports MUST include the second page provided by the Department of Labor & Industries.

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:

BENEFIT DISTRIBUTION (Please report in "per hour" terms)

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

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

- (1) All persons employed on the above-referenced project have been paid the full weekly wages earned, no rebates have/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; and no deductions, other than those which are permissible, have been made by any person either directly or indirectly from the full wages earned.
- (2) Any payroll report(s) otherwise under this contract required to be submitted for the above period is (are) correct and complete; the wage rates for workers, laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; and the classifications set forth therein for each worker, laborer or mechanic conform with the work performed by such worker, laborer or mechanic.
- (3) 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.
- (4) If fringe benefits are paid, in addition to the basic hourly wage rates paid to each worker, laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits as listed above have been or will be made to appropriate approved plans, funds or programs for the benefit of such employees.
- (5) All information contained in this Certified Payroll Report, including any addenda, is correct.

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
---	-------	-----------