

## CERTIFIED PAYROLL REPORT

Employer Name and Address			NAME OF GENERAL/PRIME CONTRACTOR				PROJECT NAME AND LOCATION				CONTRACTING PUBLIC AUTHORITY				
Check if Subcontractor _____			Week Ending _____				Payroll # _____ Page _____ of _____				Project Number _____				
1. Employee Name, Address, SS#	2 Work Class	3 Hours Worked Day & Date	4 Project Total Hrs.	5 Base Rate	6 Project Gross	7. Fringes Cash____ Approved Plans____ Cash & Approved Plans_____					8. Total Hours All Jobs	9. Total Gross All Jobs	10 Taxes Withheld	11 Other Deducts	12 Net Paid
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Date \_\_\_\_\_ My signature on this form signifies that I pay, or supervise the payment of the employees shown above. I am certifying: 1) That during the pay period reported on this form, all hours worked on this project have been paid at the appropriate prevailing wage rate for the class of work done. 2) That fringe benefits have been paid as indicated above. 3) That no rebates or deductions have been or will be made, directly or indirectly from the total wages earned, other than permissible deductions as defined in the Ohio Revised Code Chapter 4115. 4) That apprentices are registered with the U.S. Department of Labor Bureau of Apprenticeship and Training. The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution.

Name and Title	Signature
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