

CERTIFIED PAYROLL FORM
(Contractor May Use Own Form)

NAME OF CONTRACTOR

OR SUBCONTRACTOR

ADDRESS

PAYROLL NO.

FOR WEEK ENDING

PROJECT AND LOCATION

PROJECT OR CONTRACT NO.

NAME, ADDRESS, TELEPHONE NUMBER AND SOCIAL SECURITY NUMBER OF EMPLOYEE	WORK CLASSIFICATION	DAY DATE						TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	DEDUCTIONS			TOTAL DEDUCTIONS	NET WAGES PAID PER WEEK
			HOURS WORKED EACH DAY								FICA	WITHHOLDING TAX	OTHER		
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		O.T.								/					
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		O.T.								/					
		ST.													

DATE _____

I, _____
(Name of Signatory Party) (Title]

do hereby state:

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

_____ on the
(Contractor or Subcontractor)

_____ ; that during the payroll period commencing on the
_____ day of _____, _____, and ending the _____ day of _____, _____,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will
be made either directly or indirectly to or on behalf of said

_____ from the full
(Contractor or Subcontractor)

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 permissible deductions authorized by law.

(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 mandated by the
Illinois Prevailing Wage Act and that the classifications set forth therein for each laborer or mechanic conform with the work performed.

REMARKS:	
NAME AND TITLE	SIGNATURE
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 5 (820 ILCS 130/5) OF THE PREVAILING WAGE ACT OF THE STATE OF ILLINOIS.	