



Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Subcontractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Type of Work \_\_\_\_\_

**CERTIFIED  
 TRANSCRIPT OF LABOR PAYROLL**

FOR USE ON ALL  
 FEDERAL AID PROJECTS

Payroll No. \_\_\_\_\_ Sheet of \_\_\_\_\_  
 For Week Ending \_\_\_\_\_  
 County: \_\_\_\_\_, Iowa  
 Contract ID No. \_\_\_\_\_  
 Date of Letting \_\_\_\_\_ Wage Decision No. \_\_\_\_\_

Line No.	EMPLOYEE (Include name & identifying number such as last four digits of employee's SSN)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	ST or OT	Hours Worked Each Day							Total Hours	Rate Per Hour	Gross Amount Earned on This Project	Gross Amount Earned on All Work This Week	Deductions				Net Amount Earned		
				S	M	T	W	T	F	S					Soc. Sec. Tax	Fed. W/H Tax	State W/H Tax	Other Approved Deductions (Itemized)			
1.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
2.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
3.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
4.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
5.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
6.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
7.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
8.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
9.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	

This space may be used for totals, footnotes, remarks, etc.

**STATEMENT OF COMPLIANCE** COUNTY \_\_\_\_\_

PAYROLL NO. \_\_\_\_\_

I, \_\_\_\_\_ do hereby state:  
Name of Signatory Party Title

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

Contractor or Subcontractor

on Contract I.D. No. \_\_\_\_\_, that during the payroll period commencing on the \_\_\_\_\_ of \_\_\_\_\_, and ending on the \_\_\_\_\_ of \_\_\_\_\_, (Year) (Year)

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 \_\_\_\_\_

Contractor or Subcontractor

from the full 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 as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat.948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

**See Deductions Column of This Payroll**

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 contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4) That:

(a) **WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAM:**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below. Details of the fringe benefit plan, fund, or program shall be furnished to the contracting authority upon request. The submittal shall include description of the benefits amount paid, and if applicable, name of the Trustee or third person to whom the benefits were paid.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of applicable basic hourly rate plus the amount of the required fringe benefit as listed in the contract, except as noted in Section 4(c) below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION
Remarks	
Name & Title	Signature Date
The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.	

**NOTE:**

Whenever possible the name of employees shall be grouped on the payroll transcript under their appropriate classification:

- 1) Supervisory and administrative (if included)
- 2) Skilled labor
- 3) Intermediate labor
- 4) Unskilled labor

Payroll transcripts are to be submitted to the project engineer within seven days from the end of the period covered.

The prime contractor shall be responsible for the submission of copies of payrolls of all subcontractors. See Required Contract Provisions Form FHWA-1273.

Date Rec'd Project Engineer's Office \_\_\_\_\_

Checked by (If Applicable) \_\_\_\_\_

**STATEMENT BY PRIME CONTRACTOR (if applicable)**

This payroll for our subcontractor was received on \_\_\_\_\_, \_\_\_\_\_ and to the best of our knowledge is correct and complete. It was (Year)

forwarded to the office of the project engineer on \_\_\_\_\_, (Year)

Signed \_\_\_\_\_

Title \_\_\_\_\_



Form 830176 (Excel) 12-09

**Contractor** Doolittle Construction Company  
**Address** Exira, Iowa  
**Subcontractor** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Type of Work** Culverts

**CERTIFIED  
TRANSCRIPT OF LABOR PAYROLL**

**Payroll No.** 16.00  
**For Week Ending** 9/11/2000  
**County:** Story, Iowa  
**Contract ID No.** 85-0305-071  
**Date of Letting** 3/2/2000 **Wage Decision No.** IA00-1.2

**FOR USE ON ALL  
FEDERAL AID PROJECTS**

Line No.	EMPLOYEE (Include name & identifying number such as last four digits of employee's SSN)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	Hours Worked Each Day							Total Hours	Rate Per Hour	Gross Amount Earned on This Project	Gross Amount Earned on All Work This Week	Deductions				Net Amount Earned			
			ST or OT	S	M	T	W	T	F					S	Soc. Sec. Tax	Fed. W/H Tax	State W/H Tax		Other Approved Deductions (Itemized)		
1.	7290 Frank L. Bettor	Foreman-Carpenter Zone 5	ST	0	8	8	8	8	8	0	40	\$14.25	\$570.00	\$836.25	\$63.97	\$82.16	\$23.10	United Fund \$10.00	\$657.02		
			OT	0	1	1	0	0	0	4	6	\$21.38	\$128.25								
			Fringe Benefits (If any) if Paid in Cash										46							\$3.00	\$138.00
			<b>Total</b>																	\$836.25	
2.	1257 Gene M. Culver	Power Shovel Operator over 1/2 C.Y. Zone 5 Group A Operator	ST	0	8	8	8	6	4	6	40	\$16.22	\$648.80	\$878.12	\$67.18	\$83.28	\$23.85	\$0.00	\$703.81		
			OT	0	0	1	1	0	0	2	4	\$24.33	\$97.32								
			Fringe Benefits (If any) if Paid in Cash										44							\$3.00	\$132.00
			<b>Total</b>																	\$878.12	
3.	7508 Henry D. Copter	Carpenter - Form Setter Zone 5	ST	0	8	8	8	8	8	0	40	\$14.25	\$570.00	\$690.00	\$52.79	\$64.10	\$14.23	Insurance \$15.00	\$543.89		
			OT	0	0	0	0	0	0	0	0	\$21.38									
			Fringe Benefits (If any) if Paid in Cash										40							\$3.00	\$120.00
			<b>Total</b>																	\$690.00	
4.	6855 Joe L. Brendell	Concrete Finisher Zone 5	ST	0	8	8	8	8	8	0	40	\$18.68	\$747.20	\$1,151.28	\$88.07	\$125.32	\$36.15	U.S. Bonds \$20.00	\$881.74		
			OT	0	1	0	0	2	1	5	9	\$28.02	\$252.18								
			Fringe Benefits (If any) if Paid in Cash										49							\$3.10	\$151.90
			<b>Total</b>																	\$1,151.28	
5.	0424 Vernon E. Link	General Laborer Zone 5 Group A Laborer	ST	0	5	4	4	4	0	0	17	\$12.45	\$211.65	\$257.55	\$19.70	\$24.16	\$8.22	\$0.00	\$205.47		
			OT	0	0	0	0	0	0	0	0	\$18.68									
			Fringe Benefits (If any) if Paid in Cash										17							\$2.70	\$45.90
			<b>Total</b>																	\$257.55	
6.	1154 James O'Leary	Form Setter Zone 5 Group A Laborer	ST	0	0	7	6	4	0	0	17	\$12.45	\$211.65	\$257.55	\$19.70	\$24.16	\$8.22	\$0.00	\$205.47		
			OT	0	0	0	0	0	0	0	0	\$18.68									
			Fringe Benefits (If any) if Paid in Cash										17							\$2.70	\$45.90
			<b>Total</b>																	\$257.55	
7.	" "	Re-rod Setter Zone 5 Group B Laborer	ST	0	0	1	2	4	8	8	23	\$9.45	\$217.35	\$330.08	\$25.25	\$32.18	\$9.23	\$0.00	\$263.42		
			OT	0	0	0	0	1	1	1	3	\$14.18	\$42.53								
			Fringe Benefits (If any) if Paid in Cash										26							\$2.70	\$70.20
			<b>Total</b>																	\$330.08	
8.	9825 Geo L. Mather	General Laborer Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00	\$621.00	\$47.51	\$63.95	\$13.22	Advance \$50.00	\$446.32		
			OT	0	0	0	0	0	0	8	8	\$14.18	\$113.40								
			Fringe Benefits (If any) if Paid in Cash										48							\$2.70	\$129.60
			<b>Total</b>																	\$621.00	
9.	3674 Orrin P. Sluger	General Laborer Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00	\$621.00	\$47.51	\$63.95	\$13.22	\$0.00	\$496.32		
			OT	0	0	0	0	0	0	8	8	\$14.18	\$113.40								
			Fringe Benefits (If any) if Paid in Cash										48							\$2.70	\$129.60
			<b>Total</b>																	\$621.00	

This space may be used for totals, footnotes, remarks, etc.

EXAMPLE - CONTRACTOR PAYING BENEFITS IN CASH EXCEPT FOR OPERATORS



Iowa Department of Transportation

**Contractor** Bright Lighting Company  
**Address** 436 8th Street, Brighton, Iowa  
**Subcontractor** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Type of Work** Lighting Salix Interchange

**CERTIFIED  
 TRANSCRIPT OF LABOR PAYROLL**

**FOR USE ON ALL  
 FEDERAL AID PROJECTS**

Supplemental to  
**Payroll No.** 4, 5 & 6  
**For Week Ending** 8/10, 8/17 & 8/24/00  
**County:** Woodbury, Iowa  
**Contract ID No.** 97-0296-105  
**Date of Letting** 6/25/2000 **Wage Decision No.** IA00-1.1

Line No.	EMPLOYEE (Include name & identifying number such as last four digits of employee's SSN)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	Hours Worked Each Day							Total Hours	Rate Per Hour	Gross Amount Earned on This Project	Gross Amount Earned on All Work This Week	Deductions				Net Amount Earned
			ST or OT	S	M	T	W	T	F					S	Soc. Sec. Tax	Fed. W/H Tax	State W/H Tax	
1.	Due to new Union agreement, this supplemental payroll covers retroactive pay for electricians. Special payroll issued covering Aug 10-17 & 21. Paid the difference between 11.45 & 11.95 per hour																	
			Fringe Benefits (If any) if Paid in Cash															
			Total															
2.	5528 Henry A. Newman	Journeyman Electrician	Total straight time 3 weeks							120	\$0.50	\$60.00						
			Total Overtime 3 weeks							10	\$0.75	\$7.50						
			Fringe Benefits (If any) if Paid in Cash							130								
			Total									\$67.50	\$67.50	\$5.16	\$6.75	\$2.50	IBEW \$2.75	\$50.34
3.	3474 Andrew Porter	Journeyman Electrician	Total straight time 3 weeks							110	\$0.50	\$55.00						
			Total Overtime 3 weeks							5	\$0.75	\$3.75						
			Fringe Benefits (If any) if Paid in Cash							115								
			Total									\$58.75	\$58.75	\$4.49	\$5.88	\$2.25	\$2.50	\$43.63
4.			Total straight time 3 weeks							90	\$0.50	\$45.00						
			Total Overtime 3 weeks							4	\$0.75	\$3.00						
			Fringe Benefits (If any) if Paid in Cash							94								
			Total									\$48.00	\$48.00	\$3.67	\$4.80	\$1.75	\$2.00	\$35.78
5.																		
			TOTALS										\$174.25	\$13.33	\$17.43	\$6.50	\$7.25	\$129.74
			Fringe Benefits (If any) if Paid in Cash															
			Total															
6.																		
			Total															
7.																		
			Total															
8.																		
			Total															
9.																		
			Total															

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EXAMPLE OF ONE SUPPLEMENTAL COVERING SEVERAL PAYROLLS



Iowa Department of Transportation

Form 830176 (Excel) 12-09

**Contractor** Sturdy Fence Company  
**Address** Harper Valley, Iowa  
**Subcontractor** Dusty Lumber Company  
**Address** Birchwood, Iowa  
**Type of Work** Fence 1.603 mi.

**CERTIFIED  
 TRANSCRIPT OF LABOR PAYROLL**

**FOR USE ON ALL  
 FEDERAL AID PROJECTS**

Supplemental to  
**Payroll No.** 3 Final  
**For Week Ending** 10/26/2000  
**County:** Clarke, Iowa  
**Contract ID No.** 20-0345-016  
**Date of Letting** 9/17/2000 **Wage Decision No.** IA00-1.2

Line No.	EMPLOYEE (Include name & identifying number such as last four digits of employee's SSN)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	Hours Worked Each Day							Total Hours	Rate Per Hour	Gross Amount Earned on This Project	Gross Amount Earned on All Work This Week	Deductions				Net Amount Earned
			ST or OT	S	M	T	W	T	F					S	Soc. Sec. Tax	Fed. W/H Tax	State W/H Tax	
1.	Error in figuring overtime gross on line 6, page 1, Payroll #3 for week ending 10/26/00  WAS SHOWN AS:																	
2.	1277 Mike Coleman  SHOULD HAVE BEEN:	Fence Erector Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00					
			OT	0	0	0	0	0	0	5	5	\$14.18	\$80.90					
			Fringe Benefits (If any) if Paid in Cash															
										45	\$2.70	\$121.50						
												Total	\$580.40	\$44.40	\$58.16	\$12.53	Credit Union \$50.00	\$415.31
3.	1277 Mike Coleman  EXPLANATION:	Fence Erector Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00					
			OT	0	0	0	0	0	0	5	5	\$14.18	\$70.88					
			Fringe Benefits (If any) if Paid in Cash															
										45	\$2.70	\$121.50						
												Total	\$570.38	\$43.63	\$58.16	\$12.53	Credit Union \$50.00	\$406.06
4.	Bookkeeping error in calculation																	
			Fringe Benefits (If any) if Paid in Cash															
												Total						
													\$570.38	\$43.63	\$58.16	\$12.53		
5.	Error on Overtime rate, line 3 page 2 of payroll No. 3 for week ending 10/26/00  WAS SHOWN AS:																	
			Fringe Benefits (If any) if Paid in Cash															
												Total						
6.	8116 Jerry N. Freese  SHOULD HAVE BEEN:	General Laborer Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00					
			OT	0	0	0	0	0	0	5	5	\$14.28	\$71.40					
			Fringe Benefits (If any) if Paid in Cash															
										45	\$2.70	\$121.50						
												Total	\$570.90	\$43.67	\$58.18	\$12.53	\$0.00	\$456.52
7.	8116 Jerry N. Freese  EXPLANATION:	General Laborer Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00					
			OT	0	0	0	0	0	0	5	5	\$14.18	\$70.88					
			Fringe Benefits (If any) if Paid in Cash															
										45	\$2.70	\$121.50						
												Total	\$570.38	\$43.63	\$58.16	\$12.53	\$0.00	\$456.06
8.	Bookkeeping error in calculation																	
			Fringe Benefits (If any) if Paid in Cash															
												Total						
9.																		
			Fringe Benefits (If any) if Paid in Cash															
												Total						

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EXAMPLE - SUPPLEMENTAL PAYROLL SHOWING OVERPAYMENT AND OTHER TYPES OF BOOKKEEPING ERRORS