

Form 830176 (12-14)

Contractor _____
 Address _____
 Subcontractor _____
 Address _____
 Type of Work _____

IOWA DOT

CERTIFIED TRANSCRIPT OF LABOR PAYROLL

FOR USE ON ALL
FEDERAL AID PROJECTS

Payroll No. _____
 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)	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.																			
			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. 3145), 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 PROGRAMS
 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 submitted with the first payroll to the contracting authority. The submittal shall include description of the benefits, dollar amount contributed per hour, 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 _____