

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name:			Address:				Phone No.:			Payroll No.:								
Employer's Signature:			Title:				Contract No.:		Tax Payer ID No.:		Work Week Ending:							
Awarding Authority's Name:			Public Works Project Name:				Public Works Project Location:			Min. Wage Rate Sheet No.:								
General / Prime Contractor's Name:			Subcontractor's Name:				"Employer" Hourly Fringe Benefit Contributions											
Employee Name & Complete Address	Employee is OSHA 10 Certified (?)	Work Classification:	Appr. Rate (%)	Worked Hours							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C')	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E) Total Hourly Prev. Wage (F)	(A x F) Project Gross Wages (G) Total Gross Wages	Check No. (H)
				Su.	Mo.	Tu.	We.	Th.	Fr.	Sa.								

NOTE: Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Date recieved by awarding authority / /
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