

Certified payroll form – Minnesota Department of Labor and Industry

This is actually two prevailing-wage forms in one: the *Certified payroll* form; and the *Statement of compliance* form. The contractor and subcontractor(s) shall furnish these completed forms every two weeks to the contracting authority. Copies of these forms are available on [our website](#).

All payrolls must be certified by attaching – to each report – a completed and executed Statement of Compliance form.

Name of contractor or subcontractor				Prime contractor name																			
Address and telephone number				Address and telephone number																			
Contract or grant name and number				Pay period end date			Project name and location				Payroll #												
1	2	3	4	5 Day of week and date (MM/DD)							6	7	8	9	10					11			
Employee name, address and identifying number (Do not provide a Social Security number.)	# of exemptions	Labor code and -----	OT and ST	Su	M	T	W	Th	F	S	Total hrs, this job	Hrly. rates of pay	Gross amt. earned this job	Gross amt. earned this pay period	FICA	Fed. tax	State tax	Other (specify)	Other (specify)	Total deductions	Total net wages paid		
				Hours worked each day																			
			OT																				
			ST																				
			OT																				
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*Pursuant to the Minnesota Government Data Practices Act, all of the data provided hereunder is public data, which is available to anyone upon request. **Do not** provide any confidential data, such as Social Security numbers, in part or whole, on this form. This data is collected pursuant to Minnesota Statutes §§ 177.30, subdivision 4, and 177.43, subd. 3. If you have questions about the prevailing-wage laws, contact the Minnesota Department of Labor and Industry at 443 Lafayette Road N., St. Paul, MN 55155, 651-284-5091 or 800-342-5354. The willful falsification of any of the above statements may subject the contractor or subcontractor(s) to civil or criminal prosecution under state and/or federal law.

Statement of compliance – Minnesota Department of Labor and Industry

Report number	State project name and location	Date	
Contracting authority	Project	General contractor	
Contractor/subcontractor	Phone number	Contract or grant name and number	
Address	City	State	ZIP code
Type of work			

(Complete as described on solicitation documents.)

Statement with respect to compliance and wages paid

I, _____ do hereby state:
 (Name of signatory party) (Title of owner or officer)

- (1) That I pay or supervise the payment of the persons employed by _____ on said contract; that during the payroll period commencing on the _____ day of _____ of the year _____, and ending the _____ day of _____ of the year _____, there were _____ employees performing work on said contract. That all persons performing work under said contract are listed on the payroll and have been paid the full prevailing wages for all hours worked under said contract, that no rebates and or deductions have or will be made either directly or indirectly to or on behalf of said _____ (contractor or subcontractor) from the full wages earned by any person, other than permissible deductions as defined in Minnesota Statutes §§ 177.24, subd. 4, 181.06 and 181.79, issued by the commissioner of the Minnesota Department of Labor and Industry and described below.

Description of legal deductions

- (2) That the payroll submitted under said contract is complete and accurate; that the wage rate(s) of the laborer(s), mechanic(s) and worker(s) performing work under said contract is (are) paid according to the wage determination(s) and labor provisions incorporated in said contract and according to applicable laws; that wages paid to laborer(s) mechanic(s) and worker(s) performing work under said contract is at least the prevailing-wage rate for the most similar classification of labor performed as defined under applicable law; and that the laborer(s), mechanic(s) and worker(s) performing work under said contract is (are) paid for all hours in excess of the prevailing hours at a rate of at least one-and-one-half times the applicable base rate of pay.
- (3) That any apprentices employed during said payroll period are duly registered in a bona fide apprenticeship program registered with the Minnesota Department of Labor and Industry or are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
- (4) That:
- (a) **Where fringe benefits are paid to any approved plans, funds or programs –**
 in addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed on said payroll, payments to current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or will be made to the program's administrators as set forth in paragraph 4(e) for the benefit of said employees, except as noted in Section 4(c).
- (b) **Where fringe benefits are paid in cash to all employees –**
 each laborer, worker or mechanic listed on said payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic rate plus the fringe rate as listed in the appropriate wage determination incorporated into said contract.

Note: Fringe benefit Sections C, D and E, and the signature block are on the next page.

(c) Exceptions

Employee name	Classification/occupation	Explanation

(d) Benefit program information in dollars contributed per hour (must be completed if 4(a) is checked)

Program title, classification title or individual employees	Health/welfare	Vacation/holiday	Apprenticeship training	Pension	Other, include title
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
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	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

(e) Benefit program information (must be completed if 4(a) is checked)

Name and address of fringe benefit fund, plan or program administrator	Benefit account number	Third-party trustee and/or contact person	Telephone number

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under federal and/or state law.

Name and title of owner or officer	Signature
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As a representative of the contractor submitting the payroll identified above, I hereby certify the payroll is true and correct to the best of my knowledge.

Note: For information about this form, submission of payroll records or copies of the laws stated above, contact the Minnesota Department of Labor and Industry at 443 Lafayette Road N., St. Paul, MN 55155, 651-284-5091 or 800-342-5354.