

## General certified payroll form instructions

**Important notice:** Data provided on this form is public under the Minnesota Government Data Practices Act. Do not include confidential information such as Social Security numbers. This data is collected under Minnesota Statutes §§ 177.30, subd. 4, and 177.43, subd. 3. Knowingly providing false information may result in civil or criminal penalties.

### General information

Under Minn. Stat. 177.41, workers on public construction projects funded in whole or in part by state funds must be paid wages comparable to those paid for similar work in the community. Certified payroll forms help ensure compliance with this law. To comply with the law:

- Submit certified payroll forms **every two weeks** to the contracting authority.
- If the number of employees or job classifications exceed a single page, attach additional sheets.
- The contracting authority is responsible for reviewing and returning incomplete forms to the contractor or subcontractor on the project.

## Instructions for completing the certified payroll form

### Header section

- **Contractor or subcontractor name, address and phone:** Provide the legal business name and contact information.
- **Prime contractor name, address and phone:** Provide legal business name and contact information for the prime contractor.
- **Contract or grant name and number:** Insert the state grant assigned contract name from the prime contractor's proposal or grant documents. If multiple numbers exist, use the lowest state project number.
- **Pay period end date:** Enter the end date of the workweek end date (MM/DD/YY).
- **Project name and location:** Provide the full name of the project and address of the project.
- **Payroll number:** Start with "1" and number each weekly payroll consecutively. If no work was performed, submit a form indicating that no employees worked that week. Mark the final report as "final."

## Column-by-column instructions

**Column 1: Employee name, address and identifying number (not a Social Security number).** Insert the employee's full name, address and identifying number for the employee such as an employee number.

**Column 2: Number of exemptions.** List the number of tax withholding exemptions claimed by the employee.

**Column 3: Labor code and classification title.** Use the three-digit labor code and job title from the state wage determination. If an employee worked in more than one classification, use separate lines. Identify apprentices, such as include "app" after the title.

**Column 4: Overtime (OT) and straight time (ST).** List daily OT and ST hours worked on the project site. Overtime applies when an employee has worked more than eight hours in a day.

**Column 5: Days of the week and date (MM/DD).** Enter the dates for the payroll week. Record ST and OT hours worked each day. Do not include hours worked off-site.

**Column 6: Total hours on this job.** Add up the total ST and OT hours worked on the project for the week for each labor code.

**Column 7: Hourly rates of pay.** Enter the hourly ST and OT pay rates for each labor code.

**Column 8: Gross amount earned this job.** Multiply hours worked by the hourly rate to calculate gross earnings for the project.

**Column 9: Gross amount earned this pay period.** Enter the employee's total gross wages for the entire pay period, including work outside the project.

**Column 10: Total deductions.** List all deductions (e.g., FICA, federal/state taxes, child support, union dues, insurance, retirement). Use the "Other" columns for additional deductions and label them clearly. If more than two "Other" deductions exist, combine them under "Misc." and describe them on the statement of compliance.

**Column 11: Total net wages paid.** Enter the employee's net pay after all deductions. This should match the paycheck total.

## Statement of compliance instructions

Each contractor or subcontractor must complete and submit this form with the certified payroll.

### Part 1: Statement with respect to compliance and wages paid.

- Enter the legal name, job title, and business name of the person completing the form.

- Include the payroll period dates and total number of employees on-site.

List all legal deductions. Specify reasons for any additional authorized deductions.

**Part 2 and 3.** The contractor, subcontractor or authorized representative must complete these sections to certify compliance.

**Part 4: Fringe benefits.** 4(a) or 4(b): Check only one box:

- a) Fringe benefits were paid into an approved plan, fund, or program.

Fringe benefits were paid in cash to employees.

**Part 4(c): Exemptions.** List any employees who did not receive fringe benefits (e.g., seasonal, non-union or new employees). These employees must be paid the full certified rate.

**Part 4(d): Benefit program information in dollars contributed per hour.**

- If all employees receive the same benefits, list the plan name and dollar amounts per hour.
- If benefits vary by employee, list names and amounts or attach a separate sheet labeled "See attached sheet."

**Part 4(e): Benefit program details.** Provide the full name and address of the benefit plan administrator, account number, contact person and phone number.

**Signature and contact.**

- Print the name and title of the person completing the statement of compliance.
- Sign the form.

**Note:** Willful falsification of this form may result in civil or criminal prosecution under state or federal law.

Questions? Contact the prevailing-wage unit at [DLI.prevwage@state.mn.us](mailto:DLI.prevwage@state.mn.us) or 651-284-5091

## 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 #																											
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Day of week and date (MM/DD)</b>						<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>					<b>11</b>															
Employee name, address and identifying number ( <b>Do not</b> 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																															
			ST																															
			OT																															
			ST																															
			OT																															
			ST																															
			OT																															
			ST																															
			OT																															
			ST																															
			OT																															
			ST																															
			OT																															
			ST																															

\*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
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

**(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

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.