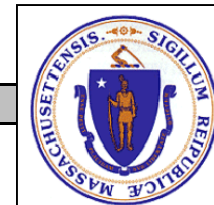


MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



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												
											(B+C+D+E)	(A x F)						
Employee Name & Complete Address	Work Classification:	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C')	ERISA Pension Plan (D)	Supp. Unemp. (E)	Total Hourly Prev. Wage (F)	Project Gross Wages (G)		Check No. (H)
			Su.	Mo.	Tu.	We.	Th.	Fr.	Sa.							Total Gross Wages		

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
/ /