

INSTRUCTIONS FOR COMPLETING SDDOT CERTIFIED PAYROLL REPORT FORM

General: The SDDOT Certified Payroll Report form is a **Microsoft Excel 2010** worksheet. This file has multiple tabs including instructions, frequently asked questions (FAQs), a **2-pg Payroll that does not have formulas**, and a **10-pg Payroll that DOES have formulas**. **Please use the 10-page Payroll with formulas when completing on your computer.** The 2-pg form is available to print and complete manually. Save the 10-pg form with your own file name and directory. When properly and completely filled out, either the 2-pg or 10-pg form complies with the payroll requirements of 29 CFR, Part 3 and Part 5 of the Davis-Bacon and Related Acts. Prime Contractors are responsible for the timely submission of payrolls and compliance of their subcontractors.

- **To navigate from cell to cell, please use your "Tab" key (use arrow keys to enter the daily overtime hours).**
- **Please include the 4-digit Project Control Number (PCN) and Project Number on Payroll and Statement forms.**
- **When printing, please remember to select only the number of Payroll pages that you completed.**

If you have any questions, please feel free to call 605-773-3795 or 605-773-3262.

Step 1. Payroll Heading Instructions [heading info will auto-fill into subsequent pages of the 10-page Excel Payroll file]:

Reporting Contractor: Provide the **PCN#, the Project#, the week ending date, and the county(ies) of the project location**. Provide your own firm's name and telephone number and the contract letting date. Provide the prime contractor's name and phone number.

Step 2. Employee Payroll Information Instructions (Columns A through V)

Column A - Employee's Name and Individual Identifying Number: Enter each employee's full name and an individual identifying number (Example: last four digits of social security number). **The U.S. DOL's Final Rule, effective January 18, 2009, stipulates that employees' full social security numbers and home addresses shall not be included on weekly payroll transmittals.**

Column B - SDDOT Group Code: From the wage decision in your contract or subcontract, select drop-down **3-digit SDDOT Group Code** for the actual classification of work performed by the employees. (Examples: **GL1** is group code for Common Laborer-Flagger-Landscape Worker-Pilot Car Driver work classifications; **GL6** is group code for Concrete Finisher-Painter-Grade Checker work classifications). **Employees may be shown as having worked in more than one Group Code/Work Class by separate line entries on the Payroll.** For access to the most recent English or Spanish version of South Dakota's Highway wage decision, with the full list of SDDOT group codes and work classifications, please visit link below:

<http://sddot.com/business/contractors/labor/wcwr/Default.aspx>

Column C - Work Class: From the wage decision in your contract or subcontract, report the **Work Classification** description for the actual work performed by the employees. **Employees may be shown as having worked in more than one Group Code/Work Class by separate line entries on the Payroll.** For access to the most recent English or Spanish version of South Dakota's Highway wage decision, with the full list of SDDOT group codes and work classifications, please visit link provided for Col B instructions, above.

Columns D through K - Hours Worked Each Day on THIS PROJECT: On all contracts subject to the Contract Work Hours Standard Act, enter all hours worked in excess of 40 hours in a workweek as overtime (**OT**).

1. **Update the daily dates of the week using format of mm-dd (month-day), under Sun through Sat; then**
2. **Two lines are provided for each employee to record daily Straight-Time (ST) hours and daily Overtime (OT) hours worked on THIS PROJECT.**

Column L - Total Hours (ST and OT) for THIS PROJECT: If completing payroll form on-line, please use the 10-pg form and formulas will calculate total ST and OT hours for THIS PROJECT. If printing the 2-pg form and manually completing, insert each employees' ST total hours and OT total hours for THIS Project.

Column M - Base Hourly Wage for THIS PROJECT: Update the actual straight-time (**ST**) and overtime (**OT**) **hourly wage rates** paid to the employees on this project. Under the Davis-Bacon & Related Acts, the contractor is required to pay not less than prevailing wage, including fringe benefits, contained in the contract for the actual types of work performed by the employees; without regard to skill. Overtime compensation shall be paid at a rate not less than one-and-one-half times his/her basic rate of pay for all hours worked in excess of 40 hours in a work week. **If completing the 10-page Payroll form on-line, after entering ST hourly rate - the OT hourly rate will auto-calculate.**

Column N; Gross ST and Gross OT for THIS PROJECT: Enter gross amount of regular-time and overtime wages that employees **earned on THIS PROJECT**. If completing the 10-page form on-line, these amounts will auto-calculate based on formula of the Base Hourly Wage (Col M) and Total **ST** and **OT** Hours (Col L).

Columns O through V - ALL PROJECTS: Eight columns are provided for reporting **total weekly payroll amounts for ALL PROJECTS** for each employee. **The following ALL PROJECTS amounts must match each employees' TOTAL weekly check stub amounts: hours (Col O), gross pay (Col Q), payroll deductions (Col R, Col S, Col T, and Col U), and net pay (Col V). The Total Weekly "Bona-Fide" ER Fringe Benefits amount (Col P) should reflect the actual employer-paid FB amount for each individual employee converted to a WEEKLY value. See detailed instructions for each column below.**

Col O - Total Weekly Hours: From each employee's weekly check stub data, enter the TOTAL HOURS amount.

Col P - Total Weekly "Bona-Fide" ER Fringe Benefits: Enter the WEEKLY value of "bona-fide" fringe benefits that employer paid to a qualified as health insurance or 401(k) matching contributions paid to a qualified plan on behalf of each employee. (Example: Employer pays \$300 health insurance toward single- or family-coverage for each employee. For this *example*, the WEEKLY value is \$69.23 [\$300 monthly X 12 months / 52 weeks = \$69.23 weekly value]).

Please see "FAQ Davis-Bacon" tab of this file, #'s 6-7 for allowable "bona-fide" fringe benefits.

Col Q - Total Weekly Gross Pay: From the individual employees' check stub data, enter TOTAL gross pay amount.

Col R - SOC SEC Tax Withheld: From each employee's check stub data, enter the total weekly SOCIAL SECURITY TAX WITHHELD amount.

Col S - FED Tax Withheld: From each employee's check stub data, enter the total weekly FEDERAL INCOME TAX WITHHELD amount.

Col T - Other Withheld: From each employee's pay stub data, enter total of OTHER payroll deductions: legal garnishments, health insurance, etc.

Col U - TOTAL Withheld: The sum of Columns R, S, and T. (The 10-pg Payroll Report has a formula to calculate Col U)

Col V - TOTAL Net Wages: Col Q amount minus Col U amount. (The 10-pg Payroll Report has a formula to calculate Col V)

For the SDDOT's Davis-Bacon Wage Survey, PLEASE REPORT the TOTAL WEEKLY VALUE of employer-share of "bona-fide" fringe benefit(s) paid for each individual employee. See "FAQ Davis-Bacon" tab of this file, #'s 6-7 for allowable "bona-fide" fringe benefits.

INSTRUCTIONS FOR COMPLETING SDDOT CONTRACTOR'S STATEMENT OF COMPLIANCE FORM

This form is a Microsoft Word 2010 document. Use your tab or arrow keys to navigate from cell to cell of the form. The Statement of Compliance (Statement) is required by Davis-Bacon regulations, 29 CFR Parts 3 and 5. Under the Davis-Bacon Act, the contractor is required to pay not less than the prevailing wage, including prevailing fringe benefits. The contractor's obligation to pay the full wages and fringe benefits may be met either by payment of cash wages and bona fide fringe benefits to approved plans or funds, or by making all payments to covered workers as cash wages. Employees will be paid unconditionally and not less often than once a week. While this form need not be notarized, the Statement is subject to the penalties provided by 18 USC 1001; namely, possible imprisonment of five years or \$10,000 fine, or both. Accordingly, the party signing this statement must have knowledge of the facts represented as true. A signed "SDDOT Statement of Compliance Form" is required to be attached to each weekly Certified Payroll Report (Payroll) for each week work is performed on South Dakota's highway construction covered projects. To avoid the suspension of contract pay estimates, **each weekly Payroll submitted must be accompanied with a signed "SDDOT Statement of Compliance Form" and must be submitted to the Contracting Agency (SDDOT) within 7 days after the regular payment date of the payroll period, as stipulated in 29 CFR 3.4 and 29 CFR 5.9. Incomplete payroll reports and payroll reports that do not include the most recent "SDDOT Statement of Compliance Form" [Rev March-2017] will not be accepted.**

[29 CFR Part 3](#)

[29 CFR Part 5](#)

Step 1. Statement of Compliance heading instructions for the Reporting Contractor: Provide the 4-digit PCN#, the Project#, the week ending date, and the county(ies) of the project location. Provide your own firm's name, the week ending date, and the payroll number for this contract. **Failure to provide the 4-digit Project Control Number (PCN) and the Project Number may delay processing. If a contract has more than one PCN/Project Number, the first one listed in the contract is the "main" PCN and Project Number.**

Step 2. Provide the person's name and title, representing the Reporting Contractor that is signing the Statement of Compliance Form as having knowledge of the facts represented as true.

Step 3. In item number 2 of this Statement form, provide a list of any types of payroll deductions made from the employees' wages. All payroll deductions must be in accordance with the provisions of the Copeland Act Regulations, 29 CFR Part 3

Step 4. Please check box 5(a) OR box 5(b).

Paragraph 5(a) Contractors who pay all "bona fide" fringe benefits to approved [third-party administrator] plans, funds, or programs shall check 5(a). Continue to show on the face of the Payroll the total WEEKLY value of the bona fide fringe benefits paid on behalf of each individual employee. Although it is not necessary to pay time and a half on fringe benefits, **at least the basic hourly wage rate listed in the contract wage determination must be used in computing overtime pay obligations. Any exceptions shall be noted in section 5(c).**

Paragraph 5(b) Contractors who pay no bona fide fringe benefit contributions to third-party administrators or who pay all fringe benefits in cash to employees shall check paragraph 5(b) to indicate that the employer is paying in cash directly to their employees an amount not less than the sum of the applicable minimum wage rate for each classification plus the amount of the required fringe benefits as listed in the contract wage decision. Any exceptions shall be noted in Section 5(c).

Use of Section 5(c), Exceptions: Any contractor, who is making fringe payments to approved plans or programs in amounts less than the wage determination requires, is obliged to pay the deficiency directly to the employees as cash in lieu of fringes. Any exceptions to Section 5(a) or 5(b), whichever the contractor may check, shall be entered in Section 5(c). Provide an explanation of the exception(s).

Step 5. The person listed in Step 2, above, please sign and date this Statement form representing the facts as true.

Step 6. Mail **ONE** completed Certified Payroll Report with a signed SDDOT Statement of Compliance form to: SDDOT Labor Compliance, 700 E Broadway Avenue, Pierre SD 57501-2586.

Any questions about SDDOT's payroll forms, please call 605-773-3795 or 605-773-3262 or visit:
<http://sddot.com/business/contractors/labor/Default.aspx>