



City Of Kansas City, Missouri

Certified Payroll Report Instructions

GENERAL INSTRUCTIONS:

Each space on the attached Certified Payroll Report requiring information is numbered. The numbers below correspond to those spaces. When completing the Certified Payroll Report, insert the required information in each space. The Certified Payroll Report **must be complete, clear and legible** and be accompanied by a completed Payroll Certification including **original signature**. All payrolls are to be submitted within two (2) weeks after the ending date of the payroll week.

The payroll form is available on line.

INSTRUCTION FOR PAYROLL SHEETS

1. **PAYROLL NUMBER:** Insert the number of the payroll. Payrolls start with number 1 (one) for the first week of work by each contractor or subcontractor. The numbers are then continuous until the last payroll. During weeks when no work takes place a payroll for that week showing no work is to be turned in. Revised payrolls must be designated with a letter "R" following the number. Check (✓) the box by the word "FINAL" after the number to indicate that no further work will be done by the contractor or subcontractor.
2. **WEEK ENDING:** On each sheet, insert the date of the last day of this payroll.
3. **SHEET OF:** On each sheet, insert the number of each sheet and the total number of sheets submitted.
4. **GRANT AGENCY PROJECT NO:** Insert the Grant Agency Project Grant Number if this is a grant funded project.
5. **CONTRACTOR:** Insert the contractor's company name and address.
6. **SUBCONTRACTOR:** If this is a payroll for a subcontractor, insert subcontractor's name and address. For the remainder of these instructions, the word "contractor" shall apply to both contractor and subcontractor.
7. **DEPARTMENT PROJECT or CONTRACT NO:** Insert Department's Project or Contract Number.
8. **LOCATION:** Insert location of work, including address, and county.
9. **DESCRIPTION:** Insert name of the project or contract from the Agreement.
10. **FEDERAL I.D. NUMBER:** Insert the contractor (10a) and subcontractor's (10b) Federal I.D. Number.
11. **EMPLOYEE NAME:** Insert employee's full legal name and complete home address. Make sure to include Apartment #'s and zip code.

12. **SOCIAL SECURITY NO.:** Insert employee's social security number (xxx-xx-xxxx).
13. **DATE:** Insert date for each day of the payroll week for each employee (mm/dd/yyyy).
14. **REGULAR HOURS*:** Insert the regular hours worked each day.
15. **OVERTIME HOURS*:** Insert the overtime hours worked each day.
16. **DOUBLE OVERTIME HOURS*:** Insert the double overtime hours worked each day.

***Note:** Numbers 14, 15, and 16: Make sure these **hours are equal to or greater than the hours turned in on the "Daily Labor Force Report" form**. Refer to the wage order for applicable overtime schedule.

If allowed by occupational title's applicable overtime rate, Contractor may make a permanent schedule transfer to an eight (8) or ten (10) hour day work week. **Advance written notification to and approval** from the Owner's Representative **is required**.

If allowed by the occupational title's applicable overtime rate, any change in the work week schedule due to inclement weather **must** be documented on the certified payroll.

17. **TOTAL HOURS:** Insert total of *regular hours* worked for the week on this project. (The total hours will calculate automatically if you are using the electronic form.)
18. **TOTAL HOURS:** Insert total of *overtime hours* worked for the week on this project. (The total hours will calculate automatically if you are using the electronic form.)
19. **TOTAL HOURS:** Insert total of *double overtime* hours worked for the week on this project. (The total hours will calculate automatically if you are using the electronic form.)
20. **TOTAL FRINGE HOURS:** Insert total Fringe Hours (by adding the amounts in 17, 18, and 19). (The total hours will calculate automatically if you are using the electronic form.)
21. **BASE RATE*:** Insert basic hourly rate of pay. Check the contract's "Annual Wage Order" or the "Federal General Wage Decision" section for basic hourly rate.
22. **OVERTIME RATE*:** Insert overtime rate of pay. Check the contract's "Annual Wage Order" or the "Federal General Wage Decision" section for the overtime rate.
23. **DOUBLE OVERTIME RATE*:** Insert double overtime rate of pay. Check the contract's "Annual Wage Order" or the "Federal General Wage Decision" section for the double overtime rate.
24. **FRINGE RATE*:** Insert fringe benefit rate for this project. Check the contract's "Annual Wage Order" or the "Federal General Wage Decision" section for the fringe benefit rate.

***Note:** *The total of the basic hourly rate plus the fringe benefit rate must be equal to or greater than the total of the basic hourly rate plus the fringe benefit rate found in the contract's "Annual Wage Order" or the "Federal General Wage Decision" section. If the contract contains both of the above, the higher rate will prevail.*

25. **TOTAL:** Multiply the amounts in 17 by 21 and insert here. (The total hours will calculate automatically if you are using the electronic form.)

26. **TOTAL:** Multiply the amounts in 18 by 22 and insert here. (The total hours will calculate automatically if you are using the electronic form.)
27. **TOTAL:** Multiple the amounts in 19 by 23 and insert here. (The total hours will calculate automatically if you are using the electronic form.)
28. **TOTAL:** Multiply the amounts in 20 by 24 and insert here. (The total hours will calculate automatically if you are using the electronic form.)
29. Check (✓) the box (☐) for the “*APPROVED PLAN*”, “*EMPLOYEE*”, or both indicating the Plan or manner in which the fringe benefit is paid. If fringe benefit is paid to both a Plan and the employee, then insert each amount that is paid to the Plan and/or the employee. If paid to a Plan, list the name(s) of Plan Programs on Payroll Certification page.

***Note:** 29a plus 29b **must equal** 28.

30. **OCCUPATIONAL TITLE/CLASSIFICATION:** Insert occupational title/classification of worker for each employee. Examples: Carpenter, laborer, electrician.
31. **GROUP:** Insert the group if, applicable for the occupational title/classification. Example: Operating Engineers Group I, II, III, IV or V.
32. **SKILL GROUP:** Insert skill group, if applicable. Example: general laborer, skilled laborer, first semi-skilled, second semi-skilled etc. or any of the listings under the federal classification such as painters.
33. **HOURS:** Insert total hours worked for all jobs for each employee during each payroll period.
34. **GROSS EARNINGS:** Insert employee’s gross earnings for each payroll period.
35. **FEDERAL:** Insert the amount of the deduction from each employee’s check stub.
36. **FICA:** Insert the amount of the deduction from each employee’s check stub.
37. **STATE:** Insert the amount of the deduction from each employee’s check stub.
38. **LOCAL E-TAX:** Insert the amount of the deduction from each employee’s check stub.
39. **MISCELLANEOUS:** Insert the amount of the deduction from each employee’s check stub.
40. **NET PAY:** Insert the employee’s net pay for each week.
41. **EARNINGS FOR THIS JOB:** Add the amounts in 25, 26, 27, and 29b and insert here.

***Note:** If fringe benefit is paid to Approved Plan, do not add the amount in 29a to this total.

42. **KANSAS CITY EARNINGS TAX THIS JOB:** Insert Kansas City Earnings tax deducted from employee’s check for this job.

Steps 11 through 42 are to be repeated for each employee working on the project site, or for the same employee working any additional Occupational Title/Classification.



CERTIFIED PAYROLL REPORT

Project Number:

Project Title:

Payroll Number: ①

Final

WEEK ENDING: ②		SHEET ③ of		GRANT AGENCY PROJECT NO.: ④												
CONTRACTOR: ⑤		SUBCONTRACTOR: ⑥		DEPT PROJECT OR CONTRACT NO.: ⑦												
ADDRESS:		ADDRESS:		LOCATION: ⑧												
CITY, STATE ZIP:		CITY, STATE ZIP:		DESCRIPTION: ⑨												
FEDERAL I.D. NUMBER: ⑩a		FEDERAL I.D. NUMBER: ⑩b														
EMPLOYEE NAME: ⑪	First Name	Last Name	DATE: ⑬	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL HRS	BASE RATE	O.T. RATE	FRINGE RATE	TOTAL	
ADDRESS:	REG. HRS. ⑭										⑰	\$ ⑲			\$ ⑳	
CITY, STATE ZIP:	O.T. HRS. ⑮										⑱		\$ ㉒		\$ ㉓	
SOCIAL SECURITY NO.: ⑫	D.O.T. HRS. ⑯										⑲		\$ ㉔		\$ ㉕	
OCCUPATIONAL TITLE / CLASSIFICATION: ⑳		TOTAL FRINGE HOURS: ㉖												\$ ㉗		
GROUP: ㉘		SKILL GROUP: ㉙										FRINGE PAID TO: ㉚		<input type="checkbox"/> APPROVED PLAN ㉛ <input type="checkbox"/> EMPLOYEE ㉜		
WEEK ALL JOBS:	HOURS: ㉝	GROSS EARNINGS: ㉞	FEDERAL: ㉟	FICA: ㊱	STATE: ㊲	LOCAL E-TAX: ㊳	MISC: ㊴	NET PAY: ㊵	EARNINGS FOR THIS JOB: ㊶		\$ ㊷		KANSAS CITY EARNINGS TAX THIS JOB: ㊸		\$ ㊹	

EMPLOYEE NAME:	First Name	Last Name	DATE:	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL HRS	BASE RATE	O.T. RATE	FRINGE RATE	TOTAL	
ADDRESS:	REG. HRS.										0.00	\$ -			\$ -	
CITY, STATE ZIP:	O.T. HRS.										0.00		\$ -		\$ -	
SOCIAL SECURITY NO.:	D.O.T. HRS.										0.00		\$ -		\$ -	
OCCUPATIONAL TITLE / CLASSIFICATION:		TOTAL FRINGE HOURS												\$ -		
GROUP:		SKILL GROUP:										FRINGE PAID TO:		<input type="checkbox"/> APPROVED PLAN <input type="checkbox"/> EMPLOYEE		
WEEK ALL JOBS:	HOURS:	GROSS EARNINGS:	FEDERAL:	FICA:	STATE:	LOCAL E-TAX:	MISC:	NET PAY:	EARNINGS FOR THIS JOB:		\$ -		KANSAS CITY EARNINGS TAX THIS JOB:		\$ -	

EMPLOYEE NAME:	First Name	Last Name	DATE:	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL HRS	BASE RATE	O.T. RATE	FRINGE RATE	TOTAL	
ADDRESS:	REG. HRS.										0.00	\$ -			\$ -	
CITY, STATE ZIP:	O.T. HRS.										0.00		\$ -		\$ -	
SOCIAL SECURITY NO.:	D.O.T. HRS.										0.00		\$ -		\$ -	
OCCUPATIONAL TITLE / CLASSIFICATION:		TOTAL FRINGE HOURS												\$ -		
GROUP:		SKILL GROUP:										FRINGE PAID TO:		<input type="checkbox"/> APPROVED PLAN <input type="checkbox"/> EMPLOYEE		
WEEK ALL JOBS:	HOURS:	GROSS EARNINGS:	FEDERAL:	FICA:	STATE:	LOCAL E-TAX:	MISC:	NET PAY:	EARNINGS FOR THIS JOB:		\$ -		KANSAS CITY EARNINGS TAX THIS JOB:		\$ -	

EMPLOYEE NAME:	First Name	Last Name	DATE:	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL HRS	BASE RATE	O.T. RATE	FRINGE RATE	TOTAL	
ADDRESS:	REG. HRS.										0.00	\$ -			\$ -	
CITY, STATE ZIP:	O.T. HRS.										0.00		\$ -		\$ -	
SOCIAL SECURITY NO.:	D.O.T. HRS.										0.00		\$ -		\$ -	
OCCUPATIONAL TITLE / CLASSIFICATION:		TOTAL FRINGE HOURS												\$ -		
GROUP:		SKILL GROUP:										FRINGE PAID TO:		<input type="checkbox"/> APPROVED PLAN <input type="checkbox"/> EMPLOYEE		
WEEK ALL JOBS:	HOURS:	GROSS EARNINGS:	FEDERAL:	FICA:	STATE:	LOCAL E-TAX:	MISC:	NET PAY:	EARNINGS FOR THIS JOB:		\$ -		KANSAS CITY EARNINGS TAX THIS JOB:		\$ -	