WEEKLY PAYROLL REPORT

Wisconsin Department of Transportation EC674 1291

The weekly submittal of this form is required by 29 CFT Part3.

Job #:

*Full name, address, and social security number must appear ont eh first payroll on which the employe's name appears.

**Finge benenfits may be reported on a supplementary page. Then the total hourly rate column is not applicable

Include private work. *If Operating Engineer or Laborer, include class of equipment or skill level of laborer.

Payroll #	Employer Name								State Project ID				Federal Project ID			County		Payroll Period		Sheet #	
																Week Ending		1			
Prime Contractor X Subcontractor Hired By:																					
Enter information below on every individual that			DAILY HOURS WORKED					TOTAL	(A)	(B) BE	NEFITS**	(A) + (B)	PROJECT								
you employed on this project during the payroll			S = Straight Time O = Overtime					WEEKLY	BASIC	HOUR	LY RATE	TOTAL	WAGES	FICA	FED WH	ST WH	OTHER	NET	CHECK		
report period.*								HOURS	HOURLY	FUND	CASH	HOURLY	GROSS				(Specify)	PAID	#		
			SU	М	TU	W	Th	F	SA	WORKED	RATE	PAYMENT	PAYMENT	RATE	WAGES						
Name				REFE	RENC	ED PI	ROJE	CT													
Address		S								0.00				\$0.00							
City, Zip		0								0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
SS#			OTHER PROJECTS***																		
Trade/Craft****		S								0.00										\$0.00	
Apprentice	yes no	0								0.00											
Name			REFERENCED PROJECT																		
Address		S								0.00				\$0.00							
City, Zip		0								0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
SS#			OTHER PROJECTS***																		
Trade/Craft****		S	S						0.00										\$0.00		
Apprentice	yes no	0								0.00											