



**INSTRUCTIONS  
CERTIFIED PAYROLL REPORT  
FOR PUBLIC WORKS PROJECTS**

**\*\*PLEASE NOTE\*\***

**PAYROLL REPORT AFFIRMATIONS MUST BE SUBMITTED ON L&I FORMS**

**Note: The completion of a Certified Payroll Report requires an affirmation which is a statement certifying that the information reported is true. Falsification of information provided may subject the signing party and the contractor to civil or criminal penalties.**

**GENERAL INSTRUCTIONS:**

- You may use your own payroll accounting form for submitting information for the first page of the report, provided you still report all the required information.
- For the second page of the report "Affirmation," you **must** use the form provided by the Prevailing Wage Office of Labor & Industries (L&I). **DO NOT USE ANY OTHER FORM FOR REPORTING THIS USUAL BENEFIT INFORMATION AND THE AFFIRMATION. DO NOT ALTER THE FORM.** If you use any other form, it will not satisfy our reporting requirements and a **Notice of Violation** will be filed against you for failure to provide a required report. Issuance of a **Notice of Violation** will subject the contractor to civil penalties. You will not be permitted to bid on any public works projects until such penalties are paid. Additionally, a second violation within a two year period will cause you to be barred from bidding on any public works project for a period of one year.
- Use the latest publication of Certified Payroll Report F700-065-000 (03/09). The form number and date are located in the lower left-hand corner of the form.
- It is recommended that you complete the form on line at <http://www.lni.wa.gov/Forms/pdf/700065af.pdf>, then print it out and sign it before mailing it to L&I. We have made every effort to make this an easy method for you to provide the required information. If you wish, you may print out the form and manually complete it. We will provide you with a printed copy of the form upon request.
- For each employee, use additional lines to report wages paid on any other public work projects or on private (non-public) work for the pay period. Overtime calculations take into account all wage data for the work week, so all hours worked and all pay rates paid to each employee must be reported. Please list all hours, public and non-public, using additional lines as needed and be sure to list and clearly label the public work project(s) and/or private work separately.
- If your company utilizes a "Ten Hour Workday (4-10) Agreement," provide a statement to that effect and include with your report a copy of the signed agreement for each affected employee. Each agreement must state the specific public works project for which you are submitting the accompanying Certified Payroll Report.
- The information requested is **required** by Washington law (WAC 296-127-320), including employee Social Security numbers. This information is NOT optional. Do not list employee information regarding ethnic origin, marital status, and/or number of exemptions.
- If you are an owner/operator performing all the work on-site, with no employees, state this on the report and list only the daily hours worked. You do not need to submit wage information for yourself.
- Continue to submit the Certified Payroll Report on a regular basis until your company has completed the contract or project.

# INSTRUCTIONS

## CERTIFIED PAYROLL REPORT FOR PUBLIC WORKS PROJECTS (Continued)

### DETAILED INSTRUCTIONS: (See sample completed form at pages 4 and 5 of these instructions.)

- 1 Check one box only, **Prime Contractor** or **Subcontractor**, as appropriate.
- 2 Insert **Project Name**, the **County** where the project is located, and the **Project or Contract Number**, as provided by the Awarding Agency. Also insert in this area, where indicated, the **Address, City and State** for the Project.
- 3 Specify in this section the **Month, Day and Year** on which the week ends for which you are providing information in this report.
- 4 Provide in this area the **Name, Phone Number and Address** for the Awarding Agency
- 5 Your **Company Name, Phone Number and Address** are to be provided in this section.
- 6 In this column, list on the top line of each numbered block the **Work Classification** for the employee. If you are completing the form on line, this information will automatically be entered in column 6 on the second (Affirmation) page of the Certified Payroll Report. If you complete the form manually, you will also need to insert this same information on the corresponding numbered line on the second (Affirmation) page of the report.
- 7 In this section insert the same **Employee's Social Security Number**. Complete a section for each employee who performed work on the public works project during the week for which you are reporting.
- 8 Provide in this column the **Name and Address** for each employee included in the report.
- 9 Insert in this section the day of the month that corresponds to the indicated days of the week.  
Sample:

<u>Day and Date</u>						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
21	22	23	24	25	26	27
- 10 Insert in this row the **Overtime Hours (OT)** worked by the Employee listed in this same row.
- 11 Insert in this row the **Regular Hours (RG)** worked by the Employee listed in this same row.
- 12 This column represents the **Total Hours** worked for each day in the corresponding row. If you complete the form online, this number will be automatically filled in for you. If you complete the form manually, add up all the hours for each day to the immediate left of this column and insert that number in this column in the corresponding row.
- 13 Insert in this column the **Rate of Pay** (prevailed rate, without any deductions) that corresponds with the overtime and regular rates of pay for each corresponding employee.
- 14 This column automatically calculates the **Gross Amount Earned** for the week based on the information supplied in the columns to the left. If you complete the forms manually, you will need to calculate these amounts. To do this, multiply the number in the **Total Hours** column (see 11 above) by the corresponding number in the **Rate of Pay** column (see 12 above) separately for the OT and RG amounts. Place the result of this calculation in the separate OT and RG sections of this Gross Amount Earned column (left portion). Add together the OT and RG sections of the left portion of this Gross Amount Earned column and place that total in the right portion of this column.

## INSTRUCTIONS

### CERTIFIED PAYROLL REPORT FOR PUBLIC WORKS PROJECTS (Continued)

Page | 3

- 15** This corresponds to the **Total Hourly Benefits** column with the same number on the second (Affirmation) page of the report. You will provide this information only if you provide the employee with employer paid benefits. These benefits include only those provided at employer expense and do not include any amounts paid by the employer as required by law (i.e., do not include the employer share of FICA, industrial insurance or similar payments). If you are completing the form on line, this number will be automatically calculated based on information you provide in items 15A through 15E on the second page (Affirmation). If you are manually completing the form, place here the total of the numbers entered in the corresponding rows for columns 15A through 15E on the second (Affirmation) page. For items 15A through 15E, enter hourly amounts you provide for each employee for the benefits listed. Insert a zero or leave blank each segment for which no benefit is provided for the corresponding employee.
- 16** Insert here the **FICA** amount which is deducted from the corresponding employee's pay for the week reported.
- 17** Insert in this column the **Withholding Tax** deducted from the corresponding employee's pay for the week reported.
- 18** In this column insert the amount deducted from the employee's pay for the week for any other deductions not included in the **FICA** and **Withholding Tax** columns.
- 19** If you complete the report on line, this column for **Net Wages** will be automatically calculated. If you manually complete the form, the amount you insert in this column is the amount indicated in the right portion of the **Gross Amount Earned** column (14) minus **Deductions** columns (16-18).
- 20** In this section at the top of the second (Affirmation) page of the report, insert the current date in the **Today's Date** section, the **Printed Name of the Party Signing the Report**, that person's **Title**, and the name of the **Contractor** or **Subcontractor**.
- 21** Insert here the **Name of the Public Works Project**. This name must match the name provided in Section 2 of the first page.
- 22** Insert in this section the **Starting Date** for the reported pay period.
- 23** Insert in this section the **Ending Date** for the reported pay period. This date must match the date entered in Section 3 from the first page.
- 24** In this section, type or print the name of the person signing the report and that person's title. Print out the form, carefully review it for accuracy, read carefully the Affirmation on the second (Affirmation) page of the report and have the form signed by the appropriate party. The person signing the form affirms or certifies the accuracy of each and every element of the completed form.

#### ***MAILING INSTRUCTIONS***

*Mail the completed, signed form to:*

***Department of Labor & Industries  
Prevailing Wage Program  
P. O. Box 44540  
Olympia, WA 98504-4540***

#### ***FURTHER INFORMATION***

*If you have questions or would like assistance in completing the form, please call us at (360) 902-5335 or email the Prevailing Wage office at [pw1@lni.wa.gov](mailto:pw1@lni.wa.gov).*



1

Prime Contractor

Subcontractor

# CERTIFIED PAYROLL REPORT

Project Name	2	County	Project or Contract#
Project Address		City	State

3	Awarding Agency Name	4	Phone	Company Name	5	Phone
For the week ending: Month Day Year	Address	City	State ZIP+4	Address	City	State ZIP+4

Work Classification and Soc Sec# of Employee	Name and Address	Overtime or Regular	Day and Date							12 Total Hours	13 Rate of Pay	14 Gross Amount Earned	15 Total Hourly Benefits	Deductions			19 NET WAGES	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat					16 FICA	17 Withhold-ing Tax	18 Other		
			Hours Worked Each Day											9				
1.	6	8	OT	10							0.00	0.00	0.00	\$ 0.00				\$ 0.00
	7		RG	11							0.00	0.00						\$ 0.00
2.			OT								0.00	0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00	0.00						\$ 0.00
3.			OT								0.00	0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00	0.00						\$ 0.00
4.			OT								0.00	0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00	0.00						\$ 0.00
5.			OT								0.00	0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00	0.00						\$ 0.00
6.			OT								0.00	0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00	0.00						\$ 0.00
7.			OT								0.00	0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00	0.00						\$ 0.00
8.			OT								0.00	0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00	0.00						\$ 0.00
9.			OT								0.00	0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00	0.00						\$ 0.00
10.			OT								0.00	0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00	0.00						\$ 0.00

# AFFIRMATION

Today's Date	Printed name of party signing this report <span style="border: 1px solid black; padding: 2px;">20</span>	Title
The party signing this report pays or supervises the (Name of contractor or subcontractor) payment of the persons employed by:		
Project Name: <span style="border: 1px solid black; padding: 2px;">21</span>	For the week starting: <span style="border: 1px solid black; padding: 2px;">22</span>	For the week ending: <span style="border: 1px solid black; padding: 2px;">23</span>

**BENEFIT DISTRIBUTION (Please report in "per hour" terms)**

Work Classification	Total Hourly Benefits (A + B + C + D + E)	(A) Hourly Pension	(B) Hourly Medical	(C) Hourly Vacation	(D) Hourly Holiday	(E) Approved Apprentice Prg.
1. <span style="border: 1px solid black; padding: 2px;">6</span>	\$ <span style="border: 1px solid black; padding: 2px;">15</span> 0	<span style="border: 1px solid black; padding: 2px;">15a</span>	<span style="border: 1px solid black; padding: 2px;">15b</span>	<span style="border: 1px solid black; padding: 2px;">15c</span>	<span style="border: 1px solid black; padding: 2px;">15d</span>	<span style="border: 1px solid black; padding: 2px;">15e</span>
2.	\$ 0.00					
3.	\$ 0.00					
4.	\$ 0.00					
5.	\$ 0.00					
6.	\$ 0.00					
7.	\$ 0.00					
8.	\$ 0.00					
9.	\$ 0.00					
10.	\$ 0.00					

The party signing below **AFFIRMS** the following:

- (1) All persons employed on the above-referenced project have been paid the full weekly wages earned, no rebates have/will be made either directly or indirectly to or on behalf of the above-named contractor or subcontractor from the weekly wages earned by any person; and no deductions, other than those which are permissible, have been made by any person either directly or indirectly from the full wages earned.
- (2) Any payroll report(s) otherwise under this contract required to be submitted for the above period is (are) correct and complete; the wage rates for workers, laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; and the classifications set forth therein for each worker, laborer or mechanic conform with the work performed by such worker, laborer or mechanic.
- (3) Any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Washington State Apprenticeship and Training Council.
- (4) If fringe benefits are paid, in addition to the basic hourly wage rates paid to each worker, laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits as listed above have been or will be made to appropriate approved plans, funds or programs for the benefit of such employees.
- (5) All information contained in this Certified Payroll Report, including any addenda, is correct.

**Falsification of any of the above statements is a violation of RCW 39.12.050 subject to prosecution, sanctions, and penalties.**

Print or type name of party signing this report <span style="border: 1px solid black; padding: 2px;">24</span>	Title	Signature
---	-------	-----------