## **CERTIFIED PAYROLL FORM**

## (Contractor May Use Own Form)

OR SUBCONTRACTOR

ADDRESS

PAYROLL NO.	FOR WEEK ENDING				F	PROJECT AND L	OCATION				PROJECT OR CO	ONTRACT NO.
NAME, ADDRESS, TELEPHONE NUMBER AND SOCIAL SECURITY NUMBER OF EMPLOYEE	WORK CLASSIFICATION	DAY DATE	Н	D EACH D	DAY	TOTAL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	DEDUCTIONS WITHHOLDING TAX	TOTAL DEDUCTIONS	NET WAGES PAID PER WEEK
		O.T. ST.										
		O.T. ST.										
		O.T. ST.										
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		O.T. ST.										
		O.T. ST.										

(Name of Signa	atory Party)			(Title)]	
o hereby state:					
(1) That I pay or su	pervise the payment of the	e persons employed	by		
					on the
	(Contractor of Subc	ontractor)			
		; tha	t during the payrol	I period comme	ncing on the
	,, 6				
day of	, .	and ending the	day of		
day of Il persons employed on sai	,, a	and ending the he full weekly wage	day of		
day of Il persons employed on sai	,, a	and ending the he full weekly wage	day of		
	,, a	and ending the he full weekly wage	day of		
day of Il persons employed on sai	,, a	and ending the he full weekly wage aid	day of		een or will
day of Il persons employed on sai	d project have been paid the directly to or on behalf of s (Contractor or Subc	and ending the he full weekly wage aid ontractor)	day of	rebates have be	en or will

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete;
that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates mandated by the
Illinois Prevailing Wage Act and that the classifications set forth therein for each laborer or mechanic conform with the work performed.

REMARKS:					
NAME AND TITLE	SIGNATURE				
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE					
CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 5					
(820 ILCS 130/5) OF THE PREVAILING WAGE ACT OF THE STATE OF ILLINOIS.					

DATE