DIVISION OF LABOR STANDARDS

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

CONTRACTOR PAYROLL RECORDS

(See Sections 290.210 to 290.340, RSMo and 8 CSR 30-3.010 to 8 CSR 30-3.060)

Name of ☐ Contractor ☐ Subcontractor	Address of Contractor or Subcontractor: City: State: ZIP: Phone Number: ( ) -
Name of Public Body	Address of Public Body: City: State: ZIP: Phone Number: ( ) -

Payroll No.	For Week Ending	AWO	Project and Location	Project or Contract No.
	/ /			

1. Name and Address of Employee	2. Occupational Title ***	3. Day and Date							4. Total Hours	5. Hourly Rate	6. Gross Amt	7. Deductions					8. Net Wages Paid for Week
		Day									Project / Week	FICA and Medicare	Federal and State Withholding Tax	Other A	Other B	Total Deductions	
		Date															
		Hours Worked Each Day															
		DT							0								
		OT							0							0	
		ST							0								
		DT							0								
		OT							0							0	
		ST							0								
		DT							0								
		OT							0							0	
		ST							0								
		DT							0								
		OT							0							0	
		ST							0								
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		OT							0							0	
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		ST							0								
		DT							0								
		OT							0							0	
		ST							0								

****** If a worker performs work in more than one occupational title, you must separately list the hours worked per occupational title and wage rates. ******

FRINGE BENEFITS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart below. If fringe benefit amounts paid are the same for all employees, you may list the amount of each such identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee's name and set out the amounts paid on behalf of each employee for each fringe benefit.

Employee Name	Health and Welfare ($/hr)	Pension ($/hr)	Vacation ($/hr)	Holiday ($/hr)	Appren-tice Training ($/hr)	Other C ($/hr)	Other D ($/hr)	Total ($/hr)	If "Other/Deduction" or Fringes, please explain. (Indicate Other A, B, C or D)	Identify by name, the plan, fund, or programs to which fringe benefits are paid. (Indicate H&W, Pension, etc.)
								0		
								0		
								0		
								0		
								0		
								0		
								0		
								0		

Date: _____

I, _____ *(Name of Signatory Party)*, _____ *(Title)* do hereby state:

(1) That I pay or supervise the payment of the persons employed by _____ *(Contractor or Subcontractor)* on the _____ *(Building or Work)*; that during the payroll period commencing seven (7) days prior to the week ending date of _____ all persons employed on said project have been paid the full weekly wages stated above, that no rebates have been or will be made either directly or indirectly to or on behalf of _____ *(Contractor or Subcontractor)*, from the full weekly wages earned by any person and that no deductions have been made

either directly or indirectly from the full wages earned by any person, other than legally permissible deductions, that full and accurate records clearly indicating the names, occupations, and crafts of every worker employed by them in connection with the public work together with an accurate record of the number of hours worked by each worker and the actual wages paid for each class or type of work performed and deduction made for each worker have been prepared, that these payroll records are kept and have been provided for inspection to the authorized representative of the contracting public body and will be available as often as may be necessary and such records shall not be destroyed or removed from the state for the period of one year following the completion of the public work in connection with which the records are made.

(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 contained in any wage order incorporated into the contract; that the occupational title set forth herein for each laborer or mechanic conform with the work performed.

Name and Title	Signature
The falsification of any of the above statements may subject the contractor or subcontractor to criminal prosecution. See Sections 290.340, 570.090, 575.050, and 575.060, RSMo.	

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.
TDD/TTY: 800-735-2966 Relay Missouri: 711