BUREAU OF LABOR AND INDUSTRIES WAGE AND HOUR DIVISION

PAYROLL/CERTIFIED STATEMENT FORM WH-38 FOR USE IN COMPLYING WITH ORS 279C-845*

Prime Contractor Subcontractor	v												1						
Business Name (DBA)	▲ Oregon - Certified Pay	roll S	olution	for Qui	ckBook	s Demo					Phone:	PAYROLL #	I	С	CB Registrat	tion Number:	CCB Registrat	ion #123456	
Project Name:	15-271 Subcontractor										t Number:	Job Record->	>Standard->Fe				-	dditional Info->Type of Wor	
Street Address:	125 Any Street Spring	field,	OR 55	512							Project Loc	ation:	Federal Project	ct,	15-271				
Mailing Address:	Mailing Address OR PO) Box	Spring	field, O	R 5551	2					Project Cou		3						
Date Pay Period Began:	10/1/2000					od Ende	ed:	10/7/2	000										
THIS SECTION FOR PRIME CONTRACTORS ONLY										THIS SECTION FOR SUBCONTRACTORS ONLY									
Public Contracting Agency Name: Phone: Date Contract Specifications First Advertised for Bid: Contract Amount:										Subcontract Amount: \$850,000.00 Prime Contractor Business Name (DBA): Contractor Two Prime Contractor Phone: CCB Registration Number: Prime Contractor's CCB Registration Number: CCB Registration #123456 Date You Began Work On the Project: Example 1									
(1)	(2)				(3)	day an	D DATE			(4)	(5)	(6)	(7)		(8)	(9)	(10)	(11)	
NAME, ADDRESS AND EMPLOYEE'S IDENTIFICATION NUMBER*	CLASSIFICATION (INCLUDE GROUP# & APPRENTICESHIP STEP IF APPLICABLE)		Sun 10/1	Mon 10/2	Tue 10/3	Wed 10/4 VORKED	Thu 10/5 EACH DA	Fri 10/6	Sat 10/7	TOTAL HOURS	BASE HOURLY RATE OF PAY	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED (This Job/All Jobs see directions)	D	ITEMIZED EDUCTIONS FICA, FED, TATE, ETC.	NET WAGES PAID FOR WEEK	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM	
Eight I Employee													\$487.65	1	\$73.64		\$3.34	Medical/Dental	
123 Anywhere Street		OT	0	0	0	0	0	0	5	5.00	\$31.13	\$0.00		2	\$110.00			Pension	
Anytown, OR 55512														3	\$70.00			Life/Disability Ins.	
XXX-XX-6789	Foreperson	ST	0	0	0	0	8	8	0	16.00	\$20.75	\$0.00		4	\$4.50	\$727.51	\$0.40	Vacation/Holiday	
Nine A Employee		OT							-	5.00	417.10	* 5 10	\$352.50	1	\$53.09				
123 That Street	Laborar Approption	OT	0	0	0	0	0	0	5	5.00	\$17.10	\$5.40		2	\$117.00				
Notown, OR 55512 XXX-XX-7777	Laborer-Apprentice 80%	ST	0	0	0	0	8	8	0	16.00	\$9.60	\$5.40	\$712.50	3	\$55.00 \$22.90	\$464.51			
Ten B Employee	0076	31	0	0	0	0	0	0	0	10.00	\$7.00	\$5.40	\$220.38	4	\$33.20				
133 This Street		ОТ	0	0	0	0	0	5	0	5.00	\$10.69	\$3.37		2	\$14.00				
Anytown, OR 55512	Laborer-Apprentice		-	-	-	-	-	-	-					3	\$20.00				
XXX-XX-6666	50%	ST	0	0	0	0	8	8	0	16.00	\$6.01	\$3.37	\$445.50	4	\$16.00	\$362.30			
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* Although this form has not been officially approved by the US. Department of Labor, it is designed to meet the requirements of both the state PWR law and the federal Davis-Bacon Act.

DEDUCTION KEY CODING:

1 FICA & MCARE

2 FEDERAL WITHHOLDING

3 STATE WITHHOLDING

4 OTHER DEDUCTIONS

THIS FORM CONTINUED ON REVERSE