

Contractor Name & Address

Contractor One
 Joe D. Contractor PO Box 9000 Burlington, IA 52040

Subcontractor Name & Address

Iowa DOT Test
 2378 Dane Hill Road West Charleston, VT 05872

Type of Work

Type of Work

Iowa Department of Transportation

**CERTIFIED
 TRANSCRIPT OF LABOR PAYROLL**

FOR USE ON ALL FEDERAL AID PROJECTS

Payroll Number	<u>1</u>
Sheet	<u>1</u>
For Week Ending	<u>1/11/2003</u>
County	<u>County</u>
Contract ID #	<u>Contract ID</u>
Date of Letting	<u>1/10/2003</u>
Wage Decision #	<u>Wage Decision</u>

Line No.	EMPLOYEE Include Address & Social Security No.	Work Classification (See Wage Decision for Title & Min Wage)	ST or OT	Day and Date							Total Hours	Rate per Hour	Gross Amount Earned - This Project	Gross Amount Earned - All Projects	Deductions					Other Approved Deductions (Itemized)	Net Amount Earned
				Sun	Mon	Tue	Wed	Thu	Fri	Sat					FWH	MCARE	FICA	STWH			
				1/5	1/6	1/7	1/8	1/9	1/10	1/11											
1	Mark L. Mason PO Box 888 Derby, VT 52040 004-66-9987	Cement Masons	ST	0	0	0	8	8	0	0	16	20.25	324.00	376.00	26.00	5.45	23.31	15.00	1.	0.00	306.24
OT											0.00	0.00	2.						0.00		
Fringe Benefits (if any) if Paid in Cash											16	3.25	52.00						3.	0.00	
Total													376.00						4.	0.00	
2	Sam L. Supervisor 177 Main Street West Charleston, VT 52040 010-22-3345	Supervisors	ST	0	0	0	4	8	8	0	20	45.00	900.00	900.00	105.00	13.05	55.80	49.00	1.	0.00	632.15
OT											0.00		2.						45.00		
Fringe Benefits (if any) if Paid in Cash											20		0.00						3.	0.00	
Total													900.00						4.	0.00	
3	John J Equipment PO Box 111 Newport, VT 52040 005-66-9987	Equip. Opers.	ST	0	0	0	4	8	8	0	20	20.00	400.00	400.00	47.00	5.80	24.80	0.00	1.	50.00	227.40
OT											0.00	0.00	2.						45.00		
Fringe Benefits (if any) if Paid in Cash											20		0.00						3.	0.00	
Total													400.00						4.	0.00	
4	Laura B. Laborer PO Box 798 West Charleston, VT 52040 002-55-1234	Laborer, Semi-Skilled	ST	0	0	0	8	8	8	0	24	18.00	432.00	432.00	35.00	6.26	26.78	18.00	1.	0.00	291.96
OT											0.00		2.						54.00		
Fringe Benefits (if any) if Paid in Cash											24		0.00						3.	0.00	
Total													432.00						4.	0.00	
5			ST																1.		
OT												0.00							2.		
Fringe Benefits (if any) if Paid in Cash																			3.		
Total																			4.		
6			ST																1.		
OT																			2.		
Fringe Benefits (if any) if Paid in Cash																			3.		
Total																			4.		
7			ST																1.		
OT												0.00							2.		
Fringe Benefits (if any) if Paid in Cash																			3.		
Total																			4.		
8			ST																1.		
OT																			2.		
Fringe Benefits (if any) if Paid in Cash																			3.		
Total																			4.		
9			ST																1.		
OT																			2.		
Fringe Benefits (if any) if Paid in Cash																			3.		
Total																			4.		

OTHER DEDUCTIONS KEY CODING:

- | | |
|------------------|-----------------|
| #1 Child Support | #2 Union Dues |
| #3 Medical | #4 Garnishments |