

SUBCONTRACTOR INFORMATION: Enter the following information if your firm has employed, or will employ, any subcontractors on this project. Material suppliers should be excluded unless they perform work on the site of the project.

NAME	ADDRESS	TYPE OF WORK

FRINGE BENEFIT INFORMATION: Enter the following information if your firm has made, or will make, a payment for any employee to any bona fide fringe benefit fund, plan or program as indicated in section (B) on the front of this report.

TYPE OF FRINGE	NAME OF FUND TO WHICH FRINGE BENEFIT IS PAID
Health and Welfare	
Vacation	
Pension	WI Local 211
Training	WI Local 211

I hereby state that: (1) I pay or supervise the payment of persons employed on this project; (2) during the designated payroll period, all persons employed by this firm on this project have been paid the gross earning specified on this report; no rebates or unauthorized deductions have been or will be made, either directly or indirectly, from the gross earnings indicated for each person; (4) the trade or occupation indicated for each person conforms with the actual work performed; all apprentices employed by this firm on this project have been properly indentured with the Department of Workforce Development or under a bona fide apprenticeship program which is registered with a state apprenticeship council recognized by the Federal Committee on Apprenticeship of the United States Department of Labor; and (6) the information contained in this report is true and accurate to my knowledge and belief and understand that the willful falsification of any information herein may result in a civil or criminal penalty pursuant to Chapt. 103, Stats., and Wis. Adm. Code Chapt. DWD 294.

Betty A. Bookkeeper
 (Name – Print)
Bookkeeper
 (Title)

 Signature

Wisconsin Demo
 (Legal Name of Company)

802-895-4929
 (Telephone Number)