

WEEKLY PAYROLL REPORT

The weekly submittal of this form is required by 29 CFR Part 3

* Full name, address, and social security number must appear on the first payroll on which the employee's name appears

** Fringe benefits may be reported on a supplementary page. Then te total hourly rate column is not applicable

*** Include private work **** If Operating Engineer or Laborer, include class of equipment or skill level of laborer

Wisconsin Department of Transportation
EC674 1291

Payroll #	Employer Name: Wisconsin Demo	Vendor ID: 123456		Job ID: 211		County:	Pay Period													
		State Project ID:		Federal Project ID: Fed Proj 25-111			Week Ending													
1	<input type="checkbox"/> Prime <input checked="" type="checkbox"/> Subcontractor	Hired by: SLCP Inc.				County Name	1/4/2003													
Enter Information Below For Every Person Employed On This Project During The Period Indicated *		Daily Hours Worked For One Week Only							Total Hours Worked In Week	Hourly Basic Rate of Pay (A)	(B) Benefits** Hourly Rate		A + B Total Hourly Rate	Project Wages Gross Wages	FWH	MCARE	FICA	ST WH	Other (Specify)	Net Paid
		Day	Sun	Mon	Tue	Wed	Thu	Fri			Sat	Fund Payment								
Date	12/29	12/30	12/31	1/1	1/2	1/3	1/4													
Name Supervisor, Sam L.		REFERENCED PROJECT																		
Address 177 Main Street		ST	0	8	8	8	8	8	0	40	45.00	3.25	0.00	48.25	1800.00					
City, ST, Zip West Charleston, WI 20021		OT												0.00						
SS No. 010-22-3345		OTHER PROJECTS ***												1,800.00	288.00	26.10	111.60	0.00	212.32	1,161.98
Trade/Craft Supervisors		ST																		
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OT																		
Name Laborer, Laura B.		REFERENCED PROJECT																		
Address PO Box 798		ST	0	8	8	8	8	8	0	40	18.00	3.25	0.00	21.25	720.00					
City, ST, Zip West Charleston, WI 20021		OT												0.00						
SS No. 002-55-1234		OTHER PROJECTS ***												720.00	59.00	10.44	44.64	0.00	140.72	465.20
Trade/Craft Laborer, Semi-Skilled		ST																		
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OT																		
Name Mason, Mark L.		REFERENCED PROJECT																		
Address PO Box 888		ST	0	8	8	8	8	8	0	40	20.25	0.00	3.25	23.50	940.00					
City, ST, Zip Derby, WI 20024		OT												0.00						
SS No. 004-66-9987		OTHER PROJECTS ***												940.00	171.00	13.63	58.28	0.00	57.70	639.39
Trade/Craft Cement Masons		ST																		
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OT																		
Name Equipment, John J		REFERENCED PROJECT																		
Address PO Box 111		ST	0	8	8	8	8	8	0	40	20.00	3.25	0.00	23.25	800.00					
City, ST, Zip Newport, WI 20025		OT												0.00						
SS No. 005-66-9987		OTHER PROJECTS ***												800.00	133.00	11.60	49.60	0.00	198.24	407.56
Trade/Craft Equip. Opers.		ST																		
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OT																		
Name		REFERENCED PROJECT																		
Address		ST												0.00						
City, ST, Zip		OT												0.00						
SS No.		OTHER PROJECTS ***																		
Trade/Craft		ST																		
Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No		OT																		
Name		REFERENCED PROJECT																		
Address		ST												0.00						
City, ST, Zip		OT												0.00						
SS No.		OTHER PROJECTS ***																		
Trade/Craft		ST																		
Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No		OT																		
Name		REFERENCED PROJECT																		
Address		ST												0.00						
City, ST, Zip		OT												0.00						
SS No.		OTHER PROJECTS ***																		
Trade/Craft		ST																		
Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No		OT																		

Sheet #
1
Check Number
1006
1004
1005
1003