MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

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Company's Name:			Address:							Phone No.:				Payroll No.:		CHUSETT	7 3
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Employer's Signature:			Title:							Contract No: Tax Payer ID No.			Work Week Ending:				
Awarding Authority's Name:			Public Works Project Name:							Public Works Project Location:			Min. Wage Rate Sheet No.				
General / Prime Contractor's Name:		Subcontractor's Name:								"Employer" Hourly Fringe Benefit Contributions							
															(B+C+D+E)	(A x F)	
Employee Name & Complete Address	Work Classification:	Appr.	ppr. Hours Worked						Project Hours (A)	Hourly Base	Health & Welfare	ERISA Pension	Supp.	Total Hourly	Project Gross Wages (G)	Wages (G)	
		Rate (%)		Fr.	Sa.	All Other Hours	Wage (B)	Insurance (C')	Plan (D)	Unemp. (E)	Prev. Wage (F)	Total Gross Wages	Check No. (H)				
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NOTE: Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

			Date recieved by awarding authority				
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