



PAYROLL REPORT

*Required fields

DIA—Office of Construction Industry Enforcement
DEcertifiedpayroll@delaware.gov
252 Chapman Rd. STE 210 | Newark, DE 19702 | 302-318-2798

Contractor Name*

Business Address*

Contract Registration Number* FEIN*

PROJECT INFORMATION

Project Name* Project Location(s)* Contract # / Project #* Payroll Number* Date Wages Due & Paid* Week Ending Date* Final Payroll

Contract Registration

EMPLOYEE INFORMATION

Employee Name* Employee Address* Social Security* Job Title* Classification* Sex* Race*
Journeyman Foreman Apprentice
Superintendent Owner % Rate

S = Straight
O = Overtime

	HRS WORKED EACH DAY/DATE							TTL HRS	RATE	GROSS AMT EARNED		DEDUCTIONS			OTHER/ SPECIFY	TTL DEDUCTIONS	NET WAGES	TTL FRINGE BENEFITS / HR
	M	T	W	T	F	S	S			THIS PROJECT	THIS WEEK	FICA	FED TAX	STATE TAX				
S																		
O																		

Complete Fringe Benefits Page to populate this field

Employee Name* Employee Address* Social Security* Job Title* Classification* Sex* Race*
Journeyman Foreman Apprentice
Superintendent Owner % Rate

S = Straight
O = Overtime

	HRS WORKED EACH DAY/DATE							TTL HRS	RATE	GROSS AMT EARNED		DEDUCTIONS			OTHER/ SPECIFY	TTL DEDUCTIONS	NET WAGES	TTL FRINGE BENEFITS / HR
	M	T	W	T	F	S	S			THIS PROJECT	THIS WEEK	FICA	FED TAX	STATE TAX				
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	M	T	W	T	F	S	S			THIS PROJECT	THIS WEEK	FICA	FED TAX	STATE TAX				
S																		
O																		

Complete Fringe Benefits Page to populate this field

Race*

S = Straight **O** = Overtime

Race*

Race*

S = Straight **O** = Overtime

Race*

Race*

S = Straight **O** = Overtime

Race*

Race*

S = Straight **O** = Overtime

Race*

Race*

S = Straight O = Overtime



DELAWARE PREVAILING WAGE INFORMATION

Fringe benefits may be considered in determining whether an employer has met his/her prevailing wage obligations. However, any contributions made by employees must be voluntary. The only fringe benefits which the Delaware Department of Labor will recognize are the following:

- | | |
|------------------------|--|
| » Health Insurance | » Holiday Pay |
| » Life Insurance | » Sick Leave Pay |
| » Disability Insurance | » Bereavement Leave |
| » Retirement Benefits | » Education Benefits related to apprenticeship and training programs |
| » Vacation Pay | » Supplemental Unemployment Benefit |

List only those fringe benefits:

For which the employer has paid; and which have been used to offset the full prevailing wage rate.

(See Delaware Prevailing Wage Regulations for explanation of how hourly value of benefits is to be computed.)

To calculate the cost per hour divide 2,000 hours into the total employer benefit cost per year for each employee.

[illegible]



Date

Name of signatory party

Title

I,
do hereby state:

1. That I pay or supervise the payment of persons employed by

Contractor

Project Name

on the:

that during the payroll period commencing on the ____ day of _____, 20 ____

and ending on the ____ day of _____, 20 ____ all persons employed
on said project have been paid the full weekly wages earned, that no rebates have been or will be
made either directly or indirectly to or on behalf of the contractor or subcontractor from the full
weekly wages earned by any person and that no deductions have been made either directly or
indirectly from the full wages earned by any person, other than permissible deductions as defined in
the prevailing wage regulations of the State of Delaware.

2. That any payrolls otherwise under this contract required to be submitted for the above period
are correct and complete; that the wage rates for laborers or mechanics contained therein are not
less than applicable wage rates contained in any wage determination incorporated into the contract;
that the classifications set forth therein for each laborer or mechanic conform with the work
performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a state apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, and that the worksite ratio of apprentices to mechanics
does not exceed the ratio permitted by the prevailing wage regulations of the State of Delaware.

I hereby certify that the foregoing information is true and correct to the best of my knowledge and
belief. I realize that making a false statement under oath is a crime in State of Delaware.

Signature

State of

County of

Sworn to and subscribed before me, a notary public,

this ____ day of _____, A.D. 20 ____

Notary Public



An employer who fails to submit sworn payroll information to the Department of Labor weekly shall be
subject to fines of \$1,000 and \$5,000 for each violation.