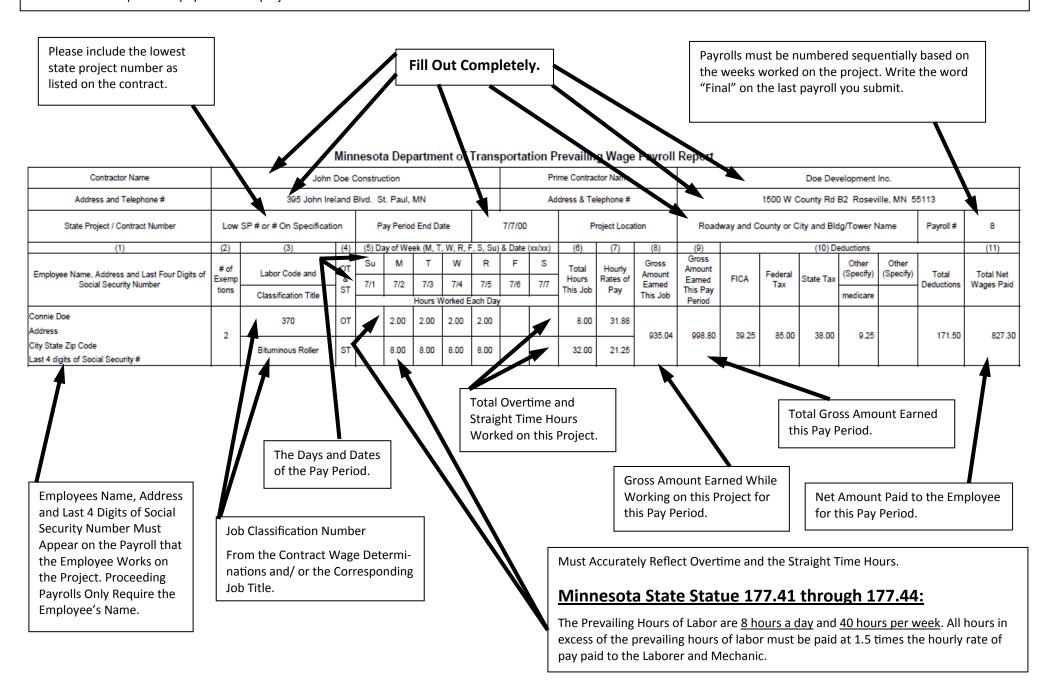
How To Correctly Fill Out the MnDOT Payroll Form.

This form is for the contractor's optional use. The contractor's option is to have a computer generated form. Although computer generated form must show all of the following information to be accepted as a payroll for the project.



How To Report:

Time and Wages If An Employee Works in More Than One Classification During the Pay Period

An Employee That Only Works on This Project During the Pay Period.

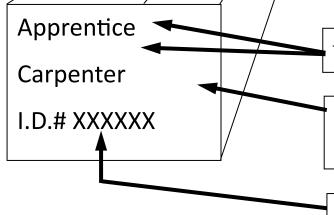
Minnesota Department of Transportation Prevailing Wage Payroll Report

				wiini	nesota	а рер	artme	nt of	i rans	porta	tion P	revailin	g wage	Payroll	Report								
Contractor Name	John Doe Construction									Pri	me Contra	tor Name		Doe Development Inc.									
Address and Telephone #	395 John Irela				eland Bivd. St. Paul, MN					Address & Telephone #					1500 W County Rd B2 Roseville, MN 55113								
State Project / Contract Number	Low SP # or # On Specificati		cation Pay Period			d End Date			7/7/00		Project Location			Roadway and County or City and Bldg/Tower Name						Payroll #	8		
(1)	(2)	(3)		(4)	(5) Day of Week (M, T, W, R, I			F, S, Su) & Da		Date (xx/xx)	(6)	(7)	(8)	(9)			(10) Deductions				(11)		
Employee Name, Address and Last Four Digits of Social Security Number	# of Exemp tions	Labor Cod	e and	OT & ST	Su	М	Т	W	R	F	Total	Hourly Rates of	Gross Amount	Gross Amount Earned	FICA	Federal	State Tax	Other (Specify)	Other (Specify)	Total	Total Net		
		Classification	on Title		7/1	7/2	7/3	7/4	7/5	7/6	7/7	7/7 Hours This Job	Pay	Eamed This Job	This Pay Period	FICA	Tax	State Tax	medicare		Deductions	Wages Paid	
							Hours v	vorked t	Each Day	ay			+										
Address	2	370		ОТ								31.88	1	394.99	16.00	42.00	16.00	4.60		78.60	316.39		
City State Zip Code		Bituminous	Roller	ST		8.00		4.00		3.00 15.0	15.00	21.0	318.75										
Last 4 digits of Social Security #				<u> </u>		0.00						10.00		1				 		<u> </u>	+	<u> </u>	
		101		ОТ										1	T	1							
			Laborer, Common ST											76.24									
		Laborer, Co						4.00				4.00	19.06										
Robert Austin		704		ОТ																			
Address	1	Carpenter			-	₽								914.00	914.00	39.25	85.00	38.00	9.25	i	171.50	742.50	
City State Zip Code Last 4 digits of Social Security #				ST	8.00		8.00	8.00	0.00	8.00		40.00	22.85		l 🗼								
												,											
Connie Doe Worked In More Than One			Combine the Two Classifica-										_			1							
Classification During This Pay Period.			tions for the Gross Amount									Robert Austin Only Worked on This Project During This											
			Earned for this Project and									Pay Period.											
			Total Gross Amount Earned										1										
Break The Classifications Apart by Using		,	this Pay Period.																				
Two or More Lines on the Payroll Report		·	·										_	The Gross Amount Earned for this Project and The To-									
To Distinguish the Different Classifica-													1	ne Gross	Amour	it Earne	ea for th	nis Proje	ect and	ine lo-	.		
<u> </u>	IICd-								•														
tions.																							

How To Report: A Registered Apprentice Working On The Project.

Minnesota Department of Transportation Prevailing Wage Payroll Report

Contractor Name	Construc	onstruction					Prir	me Contrac	tor Name		Doe Development Inc.											
Address and Telephone # 395 John Ireland B					Blvd. St. Paul, MN						Address & Telephone #					1500 W County Rd B2 Roseville, MN 55113						
State Project / Contract Number Low SP # or # On Specificati			ion	Pay Period End Date				7/7/00			Project Location			Roadway and County or City and Bldg/Tower Name						Payroll #	8	
(1)	(2) (3)		(4)	(5) Day of Week (M, T, W, i		. W, R, F	, S, Su) & Date (xx/xx)		XX/XX	(6)	(7) (8)		(9)	(10) Deductions					(11)			
Employee Name, Address and Last Four Digits of Social Security Number	# of Exemp tions	Labor Code and	от	Su	М	Т	W	R	F	s	Total	Hourly	Gross Amount Earned	Gross Amount Earned This Pay	FICA	Federal Tax	State Tax	Other (Specify)	Other (Specify)	Total	Total Net	
			& ST	7/1	7/2	7/3	7/4	7/5	7/6	7/7	Hours This Job	Rates of Pay								Deductions	Wages Pald	
		Classification Title	31			Hours Worked B		ach Day			11110 300	Fay	This Job	Period				medicare				
Joe Smith Address	2	Apprentice Carpenter	/									152.60	394.99	16.00	42.00	16.00	4.60		78.60	316.39		
City State Zip Code Last 4 digits of Social Security #		#XXXXXXX 40%			8.00	8.00			4.00		20.00	7.63	152.00	394.99	10.00	42.00	10.00	4.00		70.60	310.39	
Jane Johnson Address	/10	704	от										510.00	510.00							510.00	
City State Zip Code Last 4 digits of Social Security #		Zarpenter	ST		8.00	8.00			8.00		24.00	21.25		510.00							310.00	



Joe Smith Is A Registered Apprentice Carpenter. Must State This On Payroll Report For Classification.

Must Include His Apprentice I. D. Number Issued From the United States Department of Labor or the Minnesota Department Of Labor and Industry, Division of Apprenticeship.

Must Include His Current Pay Progression Step.