



# Certified Transcript of Payroll

Please Note: The submission of falsified payroll records is a criminal offense.

IDOL Case File Number: \_\_\_\_\_ Payroll Date: \_\_\_\_\_

### Contractor and/or Subcontractor

**Company Name:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 (City) (State) (zipcode)  
**Telephone Number:** \_\_\_\_\_

### Contract Information

**Contract Number:** \_\_\_\_\_  
**Project Number:** \_\_\_\_\_  
**Project:** \_\_\_\_\_  
**Project Location:** \_\_\_\_\_

### Public Body Information

**Contact Person:** \_\_\_\_\_  
**Public Body Name:** \_\_\_\_\_  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 (City) (State) (zipcode)  
**Telephone Number:** \_\_\_\_\_

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Employee Name, Address SSN & Telephone Number	Labor Classification	* Hours worked each day							Total Hrs Each PW and Reg.	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Gross	Period Net	Hourly Fringe Benefit			
		SUN	MON	TUE	WED	THR	FRI	SAT							Pension	Health & Welfare	Vac.	Training
(Name)	PW																	
(Street)																		
(City, State Zip)	N																	
(SSAN)																		
(Telephone #)																		

**INSTRUCTIONS:** Fringe benefits (health insurance, pension, vacation, and training) must be paid, if it is required for the work classification, regardless of your union or nonunion status. We give you credit for health insurance paid (if any) and ERISA approved pension plan (if any) and training if your employees are in a BAT approved program. If the fringe benefit rate is paid into a fund, please note by placing the letter "F" behind the fringe benefit rate; if the fringe benefit rate is included on an employee's payroll check, please note by placing the letter "E" behind the fringe benefit rate. On the back of this form please list all subcontractors, independent contractors and owner operator's your company used on this project. If you wish information regarding coverage of the Act, please visit our web site at [www.state.il.us/agency/idol/](http://www.state.il.us/agency/idol/) or call 217-782-1710.

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked