

CONTRACTOR'S CERTIFIED PAYROLL REPORT

Contract ID	Week Ending
Location	Prime Contractor

**** DO NOT FORWARD WITH FULL SOCIAL SECURITY NUMBERS ****

Subcontractor	<u>Worked</u> Yes	<u>Payrolls Accepted</u> Yes No		Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature:	Date
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The Prime Contractor is to include this form when submitting subcontractor certified payroll (CPRs) to the Project Engineer's office each week. "Payrolls Accepted" means the CPRs have been completed as specified in the current written MDOT procedure for prevailing wage compliance oversight. Comments are required if the "no" box is checked or if the CPR week ending date differs from that at the top of the form.

Instructions for MDOT Form 1955 – Contractor’s Certified Payroll

Purpose:

- Document each week subcontractors perform work on the project (or any other company required to submit CPR).
- Document that CPR has been reviewed for acceptance.
- Document CPR deficiencies in instances where the CPR is not accepted.
- Document when a subcontractor has worked but has not submitted CPR.

Week Ending is the date the weekly payroll period ends.

The list under the heading **Subcontractor** is to include all subcontractors (or any other company required to submit CPR) performing work on the contract. If the subcontractor did not perform work on the contract for the “Week Ending” date in the form heading, then the **Yes** checkbox under **Worked** is left blank. If the subcontractor worked on the contract but has not submitted CPR for the “Week Ending” date, then check the **Yes** checkbox and provide comments that CPR was not yet submitted.

Accepted means the CPR contains the following information:

- Contractor’s name and address with the prime or subcontractor(s) identified
- State contract ID numbers (contract identification)
- Payroll No., week ending, project location
- Employee full name and last four digits of social security number
- Identification of minority and female employees
- Employee’s full work classification, including group or class
- Identification of OJTs, apprentices and program levels (%) on payrolls
- Daily and weekly employee hours worked in each job classification
- Daily and weekly employee overtime (or premium) hours worked in each job classification
- Total weekly hours worked on all jobs (prevailing and non-prevailing wage)
- Base rate shown for each employee, overtime (or premium) rate shown when worked
- Fringe benefit package information in file and updated as needed
- Project gross weekly wages
- Week’s gross wages for all jobs
- Week’s itemized deductions
- Week’s net wages paid for all jobs
- Compliance statement attached
- Explanation of itemized deductions if needed
- Method of fringe benefit payment described by checking either box (4)(a) or (4)(b)
- Exceptions explanation for fringe benefit (4)(c)
- Original signed signature

Comments are to identify the reason(s) a CPR is not accepted, to state that CPR was not yet submitted, or to document the week ending date of a CPR if it differs from the date in the form heading.

Distribution: The prime contractor is to include this form with the weekly transmittal of subcontractor certified payrolls to the project engineer.