

PAYROLL REPORT  
NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☐

*Delaware Department of Labor*  
DIA-Office of Labor Law Enforcement  
4425 N. Market Street-3rd Floor  
Wilmington, DE 19802  
302-761-8320

ADDRESS

PHONE:

PROJECT AND LOCATION

WEEK ENDING DATE

CONTRACT NUMBER

DATE OF PREVAILING WAGE DETERMINATION USED ON THIS PROJECT:

NAME, ADDRESS AND  
SOCIAL SECURITY NUMBER  
OF EMPLOYEE

WORK  
CLASSIFICATION

DAY & DATE & HOURS WORKED EACH DAY

TOTAL HOURS &  
RATE OF PAY

M T W T F S S HOURS RATE

DEDUCTIONS

FICA FWT SWT

GROSS  
AMOUNT  
EARNED

NET  
WAGES  
PAID

HOURLY  
VALUE OF  
FRINGES

1.

2.

3.

4.

5.

6.

7.

8.

DATE \_\_\_\_\_

I, \_\_\_\_\_  
(Name of signatory party) (Title)

do hereby state:

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

\_\_\_\_\_ on the \_\_\_\_\_  
(Contractor or Subcontractor)

\_\_\_\_\_;  
(public project)

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.

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.)

HOURLY COST OF BENEFITS									
(List in same order shown on front of record)									
Employee									
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

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 \$1,000.00 and \$5,000. for each violation.**



DATE 07/25/2013

I, Cory Smith, President  
(Name of Signatory Party) (Title)  
do hereby state:

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

ABC Contractors on the  
(Contractor or Subcontractor)

public project #123 ;

(public project)

that during the payroll period commencing on the 15 day of

July, 2013, and ending on the 21 day of

July, 2013, 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 said 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 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 the 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.

An employer who fails to submit sworn payroll information to the Department of Labor weekly shall be subject to fines of \$1,000.00 to \$5,000.00 for each violation.

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 the explanation of how hourly value of benefits is to be computed.)

HOURLY COST OF BENEFITS									
(List in same order shown on front of record)									
Emp	H&W	Pens	Vac	App	Oth	Union	Cash	Total	
1.	1.00	1.50	2.00	1.00	1.50	1.50	0.00	10.50	
2.	1.00	1.50	2.00	1.00	1.50	1.50	0.00	10.50	
3.	1.00	1.50	2.00	1.00	1.50	1.50	0.00	10.50	
4.	1.00	1.50	2.00	1.00	1.50	1.50	0.00	10.50	
5.									
6.									
7.									
8.									
9.									

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 the state of Delaware.

Cory Smith

Signature

STATE OF

COUNTY OF

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_; A.D. \_\_\_\_\_

Notary Public