WEEKLY PAYROLL REPORT

Wisconsin Department of Transportation

EC674 1291

The weekly submittal of this form is required by 29 CFT Part3.

*Full name, address, and social security number must appear ont eh first payroll on which the employe's name appears.

**Finge benenfits may be reported on a supplementary page. Then the total hourly rate column is not applicable

***Include private work. ****If Operating Engineer or Laborer, include class of equipment or skill level of laborer.

Job #: _____

Payroll #	Employer Name	State Project ID	Federal Project ID	County	Payroll Period Week Ending	Sheet #
	[ ] Prime Contractor [X] Subcontractor Hired By:					1

Enter information below on every individual that you employed on this project during the payroll report period.*		DAILY HOURS WORKED S = Straight Time O = Overtime								TOTAL WEEKLY HOURS WORKED	(A) BASIC HOURLY RATE	(B) BENEFITS** HOURLY RATE FUND PAYMENT	(B) BENEFITS** HOURLY RATE CASH PAYMENT	(A) + (B) TOTAL HOURLY RATE	PROJECT WAGES GROSS WAGES	FICA	FED WH	ST WH	OTHER (Specify)	NET PAID	CHECK #
		SU	M	TU	W	Th	F	SA													
Name		REFERENCED PROJECT																			
Address		S								0.00				$0.00							
City, Zip		O								0.00	$0.00	$0.00	$0.00	$0.00	$0.00						
SS #		OTHER PROJECTS***																			
Trade/Craft****		S								0.00										$0.00	
Apprentice	[ ] yes [ ] no	O								0.00											
Name		REFERENCED PROJECT																			
Address		S								0.00				$0.00							
City, Zip		O								0.00	$0.00	$0.00	$0.00	$0.00	$0.00						
SS #		OTHER PROJECTS***																			
Trade/Craft****		S								0.00										$0.00	
Apprentice	[ ] yes [ ] no	O								0.00											