# MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

| Company's Name: | Address: | Phone No.: | Payroll No.: |
|---|---|---|---|
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| Employer's Signature: | Title: | Contract No: | Tax Payer ID No. | Work Week Ending: |
|---|---|---|---|---|
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| Awarding Authority's Name: | Public Works Project Name: | Public Works Project Location: | Min. Wage Rate Sheet No. |
|---|---|---|---|
| | | | |

| General / Prime Contractor's Name: | Subcontractor's Name: | | "Employer" Hourly Fringe Benefit Contributions | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | (B+C+D+E) | (A x F) |

| Employee Name & Complete Address | Work Classification: | Appr. Rate (%) | Hours Worked Su. | Mo. | Tu. | We. | Th. | Fr. | Sa. | Project Hours (A) / All Other Hours | Hourly Base Wage (B) | Health & Welfare Insurance (C') | ERISA Pension Plan (D) | Supp. Unemp. (E) | Total Hourly Prev. Wage (F) | Project Gross Wages (G) / Total Gross Wages | Check No. (H) |
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**NOTE:** Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Print Form

**Date recieved by awarding authority**
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