

Certified Payroll Report - Part A

EMPLOYER NAME AND ADDRESS		NAME OF GENERAL / PRIME CONTRACTOR			PROJECT NAME AND LOCATION (COUNTY)				Ohio Turnpike and Infrastructure Commission											
CHECK IF SUBCONTRACTOR ¹ <input type="checkbox"/>		WEEK ENDING _____			PAYROLL NUMBER _____ PAGE ² _____ of _____				PROJECT / CONTRACT NUMBER _____											
1. NAME AND INDIVIDUAL ³ IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	2. WORK CLASSIFICATION	3. RACE AND SEX	4. HOURS WORKED - DAY AND DATE				5. TOTAL PROJ HRS	6. BASE WAGE RATE	7. PROJ GROSS WAGES	8. FRINGES: CASH <input type="checkbox"/> APPROVED PLANS <input type="checkbox"/> CASH AND APPROVED PLANS <input type="checkbox"/>		9. TTL HRS ALL JOBS	10. TOTAL GROSS ALL JOBS	11. TAXES WITHHELD	12. OTHER DEDUCTIONS	13. NET WAGES PAID				
			M	T	W	TH	F	S	S	H&W	PENS	VAC	APP	OTHER						
			OT																	
			ST																	
			OT																	
			ST																	
			OT																	
			ST																	
			OT																	
			ST																	
			OT																	
			ST																	
			OT																	
			ST																	
			OT																	
			ST																	
			OT																	
			ST																	

My signature on this form signifies that I pay, or supervise the payment of the employees shown above. I am certifying: 1) That during the pay period reported on this form, all hours worked on this Project have been paid at the appropriate prevailing wage rate for the class of work done. 2) That the fringe benefits have been paid as indicated above. 3) That no rebates or deductions have been or will be made, directly or indirectly from the total wages earned, other than permissible deductions as defined in Ohio Revised Code Chapter 4115. 4) That apprentices are registered with the U.S. Department of Labor, Bureau of Apprenticeship and Training. I understand that the willful falsification of any of the above statements may subject the Contractor or Subcontractor to civil or criminal prosecution. In addition, I have submitted the full Name, Social Security Number, and Address of each Worker on a separate sheet (Part B) to form the entire Certified Payroll Report required by Applicable Law.

Type or Print Name and Title _____ Signature: _____ Date: _____

F330-03v0912 ¹If Subcontractor, provide Contractor name in space provided. ²Attach additional pages as necessary. ³Text will wrap. ⁴Text will fit to cell.