MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

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Company's Name:			Address:								Phone No.:				lo.:	CMUSETT	I NM REID	
																THOUSE NA	WALLCH.	
Employer's Signature:			Title:							Contract No: Tax Payer			ID No.	. Work Week Ending:				
. ,												,						
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 Fring				e Benefit Contributions			
										Project	1				(B+C+D+E)	(A x F)	-	
Employee Name & Complete Address	Work Classification:	Appr. Rate (%)	r. Hours Worked							Project Hours (A)	Hourly Base	Health & Welfare	ERISA Pension	Supp.	Total Hourly	Wages (G)	Wages (G)	
			Su.	Mo.	Tu.	We.	Th.	Fr.	Sa.	All Other Wage Hours (B)	Insurance (C')	Plan (D)	Unemp. (E)	Prev. Wage (F)	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.

	Date recieved by awarding authority
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