### COMPLIANCE STATEMENT TO ACCOMPANY CONTRACTOR'S WEEKLY PAYROLL

DT1816 8/2006 (Replaces EC673)

Wisconsin Department of Transportation

When will this person be paid?

The willful falsification of any of the statements on this form may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

Submit one copy to Regional Office

Adapted from U.S. Department of Labor Form WH-348(1)(68). No. State Project ID Federal Project ID County Payroll Period 3 Northland Constructors C Reiss Dock Douglas 08/25/24 - 08/31/2024 Contractor or Subcontractor Monarch Paving Company, Division of Mathy Construction, Inc. Authorized Agent Name Authorized Agent Title Anna Jaeger Pavroll Clerk

١.	the	undersigned	. do	state	that:
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		I pay, or supervise the payment of the persons employed by the above contractor or subcontractor on the above project. During the payroll period designated above all persons employed on said project have been paid the full weekly wages earned, except as noted in Section 1(a) below. No rebates have been or will be made either directly to or indirectly on behalf of said contractor or subcontractor from the full weekly wages earned by any person. No deductions have been made directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948; 63 Stat. 108; 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below in Section 1(b).
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Explanation

(b)	Description of Deductions

Name

(a) Exceptions

Federal and State Withholding Taxes, FICA, Medicare, Union Dues, Uniform Charges (when applicable), Court Ordered Deductions

Craft

- 2. Any payrolls otherwise under this contract required to be submitted for the above period are correct and complete. The wage rates for laborers or mechanics contained are not less than the applicable wage rates contained in any wage determination incorporated into the contract. The classifications set forth for each laborer or mechanic conform with the work performed.
- 3. 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, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
- 4. (a) Where fringe benefits are paid to approved plans, fund, or programs.
  - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.
  - (b) Where fringe benefits are paid in cash.
  - Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) Exceptions

Craft

Explanation

Remarks

(Authorized Agent Signature)

### **COMPLIANCE STATEMENT PREPARATION INSTRUCTIONS**

This statement of compliance meets needs resulting from the amendment of the Davis-Bacon Act to include fringe benefits provisions. Under this amended law, the contractor is required to pay fringe benefits as predetermined by the Department of Labor, in addition to payment of the minimum rates. The contractor's obligation to pay fringe benefits may be met by payment of the fringes to the various plans, funds, or programs or by making these payments to the employees as cash in lieu of fringes. This statement of compliance is also a requirement under Wisconsin Supplemental Required Contract Provisions.

The contractor should **show on the face of his/her payroll all moneys paid to the employees** whether as basic rates or as cash in lieu of fringes. The contractor shall represent in the statement of compliance that **he/she is paying to others** fringes required by the contract and not paid as cash in lieu of fringes.

Detailed instructions follow:

### Contractors who pay all required fringe benefits:

A contractor who pays fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decision of the Secretary of Labor shall continue to show on the face of his/her payroll the basic cash hourly rate and overtime rate paid to employees, just as has always been done. Such a contractor shall check paragraph 4(a) of the statement to indicate he/she is also paying to approved plans, funds, or programs not less than the amount predetermined as fringe benefits for each craft. Any exception shall be noted in Section 4(c).

### Contractors who pay no fringe benefits:

A contractor who pays no fringe benefits shall pay to the employee and insert in the straight time hourly rate column of his/her payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the applicable wage decision. Since it is not necessary to pay time and a half on cash paid in lieu of fringes, the overtime rate shall be not less than the sum of the basic predetermined rate, plus the half time premium on the basic or regular rate, plus the required cash in lieu of fringes at the straight time rate. To simplify computation of overtime, it is suggested that the straight time basic rate and cash in lieu of fringes be separately stated in the hourly rate column, thus \$9.73/\$2.15. In addition, the contractor shall check paragraph 4(b) of the statement to indicate that he/she is paying fringe benefits in cash directly to the employees. Any exceptions shall be noted in Section 4(c).

### Use of Section 4(c), Exceptions

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination requires, is obliged to pay the deficiency directly to the employees as cash in lieu of fringes. Any exceptions to Section 4(a) or 4(b), whichever the contractor may check, shall be entered in Section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid the employees as cash in lieu of fringes, and the hourly amount paid to plans, funds, or programs as fringes.

## **Certified Payroll Transcript**

Period: 08/25/2024 - 08/31/2024

Job: 5537502-78 Northland Constructors-C Reiss Dock

Contract: 5537502-78 Northland Constructors-C Reiss Dock

State Project Number: Contract/Order #:

Operating Apprentice - 4th Yr Operating Apprentice - 4th Yr	Paver Operator  Hoff Paige S - 193313	Denham Caden T - 193849  Laborer w/CDL  Laborer w/CDL  Paver Operator	Employee
Regular H Auto Over	Auto Over	Regular F	
	<b>1</b>	8 " <b>3</b> 88 " <b>6</b>	Sun
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0.0	0.00 0.00 0.00		Tue v
6.00	Race/	Race/Sex 4.50 8.00 5.75 3.50 Race/Sex	Wed 7
2.25	'	_	Thu I
0.00 0 0.00 0 Ott	*	*	F.
0.00 12.25 3s 0.00 8.25 5s Other Taxable Other Non Taxable Project Total	3	# 0906241955 0.00 12.50 35. 0.00 9.25 54.0 Other Taxable Other Non Taxable Project Total Project Total	Sat To
12.25 39.400 8.25 59.100 wable or Taxable	00 7.50 61.560 er Taxable er Non Taxable ect Total	0906241955 0 12.50 35.160 0 9.25 54.630 or Taxable or Non Taxable ect Total 0906241955	tal Rat
0.00 0.00 0.00 970.24	Î	30 439 50 30 505 34 0.00 944.84	Project Total Rate Amounts
Pension Welfare Skill Fund Work Preservatic IUOE National Tr Annuity	West of the	Pension Welfare Skill Fund Work Preservatic IUOE National Tr Annuity	Descrip
6.70000 10.91000 0.65000 0.30000 1.10000		7.28000 10.91000 0.65000 0.30000 0.75000	tion Rate A
137.35 223.66 13.33 6.15 1.03 22.55	218.20 13.00 6.00 1.00 22.00	158.34 237.29 14,14 6,53 1.09 16,31	Amounts
Federal Withholdin FICA - Soc. Sec. FICA - Medicare FICA - Addl Medica Wisconsin Tax Witt Admin-Gross Admin-Benefic 2,443.72 Hours (Reg/OT): 39.75 / 15.00	FICA - Sec. FICA - Medicare FICA - Addl Medica Wisconsin Tax Witt Admin-Gross Admin-Benefit 2,417.58 Hours (Reg/OT): 39.75 / 13.75	Federal Withholdin FICA - Soc. Sec. FICA - Medicare FICA - Addl Medica Wisconsin Tax Witt Admin-Gross Admin-Benefit Local 139 - PAC Dt 2,538.12 Hours (Reg/OT): 40.00 / 23.00	(Week E
385.31 151.52 35.44 123.20 36.65 16.19 748.31	149,89 35,05 121,81 36,26 21,19 618,64 75 / 13,75	407,97 157.36 36.80 128.61 38.07 18.84 3.15 790.80	(Week Ending 8/31/24) Gross Deductions
1,695.4	1,798.9	1,747.3	Net Pa

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Period: 08/25/2024 - 08/31/2024

Job: 5537502-78 Northland Constructors-C Reiss Dock

Contract: 5537502-78 Northland Constructors-C Reiss Dock

State Project Number: Contract/Order #:

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	ı			Sinou	,			1				Liabilities		(Week E	(Week Ending 8/31/24)	1
Employee	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Rate Amounts	Rate Ar	mounts	Description	Rate	Amounts	Gross	Deductions	Net Pa
Loback Jennifer A - 190577 M	M/EX: S/0			Rac	Race/Sex	W/F										
Z	Roller-Over 5 Ton Operator	5 Ton C	perato	٦												
Ē.	EEO Class:	Journeyman	eyman		_	Check #		0906241955	55							
Roller-Over 5 Ton Operator Regular Hourly  Roller-Over 5 Ton Operator Auto Overtime	ne 0.00	0.00	0.00	4.75 5.50	8.00	0.00	8 8		39,490	503,51	Pension	13,39000	297.93	Federal Withholdin	279.50	
			Ġ		9	Ġ	Other Taxable	xable		0.00	Skill Fund		14.46	FICA - Medicare	25,38	
							Other Non Taxable Project Total	n Taxable otal		1,088.33	Work Preservatic  IUOE National Tr  Annuity	0.30000	6.68 1.11 24.48	FICA - Addl Medica Wisconsin Tax With	106.84	
														Admin-Benefit 1,750.08 Hours (Reg/OT): 24.00 / 13.00	700	1,188.9
Mathews Donald I - 192017 M	M/EX: S/3 Foreman			Rac	Race/Sex W/M	W/W										
Ē	EEO Class:	Journeyman	eyman		_	Check #		0906241955	55							
Foreman Regular Hourly Foreman Auto Overtime	ne 0.00	0.00	0 0	3.75 7.00	8.00	0.00	0 00	11.75 43.490	3 490	511,01	Pension	13.39000	304.62	Federal Withholdin	547.82	
			Ċ		o o		מו ל	xable	2,200	0.00	Skill Fund	0.65000	14.79	FICA - Medicare	46.45	
							Project Total	otal	76	1,228.59	IUOE National Tr	0.05000	1.14	Wisconsin Tax With	162.65	
											Annuity	1, 10000	25.03	Admin-Gross Admin-Benefit	48.04 24.55	
														Local 139 - PAC Dt 3.10 3,203.53 1,031.23 Hours (Reg/OT): 40.00 / 22.00	3,10 1,031.23 00 / 22.00	2,172.3
Prasnicky Michael J - 190410 <i>M</i> R	M/EX: S/0 Roller-Over 5 Ton Operator	5 Ton C	)perato		Race/Sex W/M	W/W										
E	EEO Class:	Journeyman	eyman		_	Check #		192209434	*							
			0,00	4.50	8.00	0.00			9.490	493.64	Pension	13:39000	271,15	Federal Withholdin	416.32	
Roller-Over 5 Ion Operator Auto Overtime	ne 0.00	0.00	0.00	5.75	2.00	0.00	0.00 7.7 Other Taxable Other Non Tax	<u>i</u> 5	61,560 Ne	477,09 0.00	Welfare Skill Fund	10,91000 0.65000	220.93 13.16	FICA - Soc. Sec. FICA - Medicare	149.27 34.91	
							Project Total	n laxable otal	ı	970.73	Work Preservational Tr	0.30000	1.01	Wisconsin Tax With	121.69	
											Annuity	1.10000	22.28	Admin-Gross Admin-Benefit	36.11 21.09	
														2,407.53 Hours (Reg/OT): 39.50 / 13.75		1,628.1

## **Certified Payroll Transcript**

Period: 08/25/2024 - 08/31/2024

Job: 5537502-78 Northland Constructors-C Reiss Dock

Contract: 5537502-78 Northland Constructors-C Reiss Dock

State Project Number: Contract/Order #:

	Job Totals	Sullivan Blaize A - 193890 Laborer Laborer	Employee
Regular Hourly Auto Overtime	Hours	Regular H Auto Over	
0.00.0	Sun	M/EX: S/0 Laborer EEO Class: Trainee lourly 0.00 0.00 time 0.00 0.00	Sun
0.00	Mon	Traine, 0,00 0,00	Mon
0.00	Tue	0.00	Tue
30.75 41.00	Wed	<b>Race</b> 5.50	Wed -
56.00 20.00	Thu	Race/Sex W/M Chec 4.50 8.00 0.00 5.50 2.25 0.00	Thu S
0.00 0.00 F	Fi.	*	3.
0,00 86,75 0,00 61,00 Other Taxable Other Non Taxable Project Total	Sat 1	# 090624 0.00 12.5 0.00 7.7 Other Taxable Other Non Tax Project Total	Sat
86.75 61.00 sxable on Taxable fotal	Total	# 0906241955 0,00 12,50 35,160 0,00 7,75 54,630 Other Taxable Other Non Taxable Project Total	Total R
3,363.45 3,657.51 0.00 0.00 7,020.96	Project Amounts	5 3.160 439.50 3.163 423.39 0.00 0.00 862.89	Project Total Rate Amounts
Pension Welfare Skill Fund Work Preservatic IUOE National Tr Annuity	Description	Pension Welfare Skill Fund Work Preservatic IUOE National Tr Annuity	****** Description
7 "	ption Rate Am	7.28000 10.91000 0.65000 0.050000 0.75000	****** Liabilities ******
1,584,61 1,611.96 96.04 44.35 7.39 147.84	Amounts	147.42 220.93 13.16 6.08 1.01	Amounts
Federal Withholdin 2,57 FICA - Soc. Sec. 1,04 FICA - Medicare 24 FICA - Addl Medica 24 Wisconsin Tax With Admin-Gross Admin-Benefit Local 139 - PAC Dt 16,784.18 5,12 Hours (Reg/OT): 262.50 / 113.50	(Week E Total Gross	Federal Withholdin FICA - Soc. Sec. FICA - Medicare FICA - Addl Medica Wisconsin Tax With Admin-Gross Admin-Gross Admin-Gross Admin-Gross Admin-Gross Admin-Gross Admin-Gross Admin-Gross Admin-Gross	(Week E
9,65 .0.64 .3.37 .3.37 .11.73 .12.22 .6.25 .6.25	(Week Ending 8/31/24) Total Gross Deductions Net Pa	288.29 125.47 29.34 101.34 30.36 15.70 590.50	(Week Ending 8/31/24)  Gross Deductions Net Pa
11,664.1	Net Pa	1,433.1	Net Pa