

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

Rev. Dec. 2008

NAME OF CONTRACTOR PEC SOLUTIONS LLC		<input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS 5960 MAIN ST NE MINNEAPOLIS, MN 55432										OMB No. 1235-0008 Expires: 07/31/2024						
PAYROLL NO. 31 REVISED		FOR WEEK ENDING 01/11/2025				PROJECT AND LOCATION C REISS DOCK ST LOUIS BAY, SUPERIOR WI							PROJECT OR CONTRACT NO. 0 JOB/SUBJOB NO.: 301528 105 Project# 23-17-PL							
(1)  NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2)  NO. OF WITHOLDING EXEMPTIONS	(3)  WORK CLASSIFICATION	(4) DAY AND DATE  OT OR ST.	1 1-5	2 1-6	3 1-7	4 1-8	5 1-9	6 1-10	7 1-11	(5)  TOTAL HOURS	(6)  RATE OF PAY	(7)  GROSS AMOUNT EARNED	(8)  DEDUCTIONS					(9)  NET WAGES PAID FOR WEEK	
														FICA	FED	ST	LOC	OTHER	TOTAL DEDUCTIONS	
GODBOUT, SAMUEL J XXX-XX-5179	0	APP6	ST	.00	.00	.00	.00	3.00	.00	.00	3.00	39.300	1657.67 / 130.87	126.82	203.00	89.07	.00	289.56	708.45	949.22
JOB TOTALS -																				
			ST	.00	.00	.00	.00	3.00	.00	.00	3.00									
			OT	.00	.00	.00	.00	.00	.00	.00	.00									
			OV	.00	.00	.00	.00	.00	.00	.00	.00									

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(1)	(2)	(3)	OT OR ST.	(4) DAY AND DATE							(5)	(6)	(7)	(8)					(9)	
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION		1	2	3	4	5	6	7				DEDUCTIONS						
				1 -5	1 -6	1 -7	1 -8	1 -9	1 - 10	1 -11				FICA	FED	ST	LOC	OTHER		TOTAL DEDUCTIONS
				HOURS WORKED EACH DAY																
GODBOUT, SAMUEL J XXX-XX-5179	0	APP6	ST	.00	.00	.00	.00	-3.00	.00	.00	-3.00	39.300	2291.49 / 23.08	175.30	343.17	141.00	.00	387.10	1046.57	1244.92
		ELECTRICIAN JOUR	ST	.00	.00	.00	.00	3.00	.00	.00	3.00	46.230								
JOB TOTALS -																				
			ST	.00	.00	.00	.00	.00	.00	.00	.00									
			OT	.00	.00	.00	.00	.00	.00	.00	.00									
			OV	.00	.00	.00	.00	.00	.00	.00	.00									
DIVISION TOTALS -																				
			ST	.00	.00	.00	.00	3.00	.00	.00	3.00									
			OT	.00	.00	.00	.00	.00	.00	.00	.00									
			OV	.00	.00	.00	.00	.00	.00	.00	.00									
COMPANY TOTALS -																				
			ST	.00	.00	.00	.00	3.00	.00	.00	3.00									
			OT	.00	.00	.00	.00	.00	.00	.00	.00									
			OV	.00	.00	.00	.00	.00	.00	.00	.00									

Date \_\_\_\_\_

I, \_\_\_\_\_  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by \_\_\_\_\_ on the \_\_\_\_\_  
(Contractor or Subcontractor)  
\_\_\_\_\_ ; that during the payroll period commencing on the \_\_\_\_\_  
(Building or Work)  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said  
\_\_\_\_\_ from the full  
(Contractor or Subcontractor)  
weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. 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. § 3145), and described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That 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) That:  
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, 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

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.