

Davis-Bacon and Related Acts Weekly Certified Payroll Form

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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Rev. January 2025
OMB No.: 1235-0008
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																			
25013-East 5th St Reconstruction		25-19-PW		7		M Jolma Inc																			
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																			
East 5th Street Superior, WI				07/12/2025		63946 Hangard Rd Ashland, WI 54806																			
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)				(9)	
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERD APPRENTICE	LABOR CLASSIFICATION	Earn Code	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK
								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
								07/06	07/07	07/08	07/09	07/10	07/11	07/12											
HOURS WORKED EACH DAY																									
1	Anderson	Braxten	T	6029	J	LABORER OFF SITE	REG					1.50			1.50	32.00	0.00	0.00	48.00	809.16	87.90	60.75	47.45	196.10	613.06
																	Union	Other	Ded.	Amt.					
																	H100			14.27					
																	H200			0.81					
																	ROTH			32.37					
1	Anderson	Braxten	T	6029	J	OPERATOF	REG				3.95			3.95	44.77	113.76	0.00	0.00	176.84	809.16	87.90	60.75	47.45	196.10	613.06
																	Union	Other	Ded.	Amt.					
																	H100			14.27					
																	H200			0.81					
																	ROTH			32.37					
2	Boardman	Jack	M	8506	J	Truck Driver - On Site Only	OT				0.55			0.55	60.00	28.15	0.00	0.00	55.80	2695.00	576.50	206.17	0.00	782.67	1912.33
							REG				0.57			0.57	40.00										

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WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERD APPRENTICE	LABOR CLASSIFICATION	Earn Code	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK		
								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS			
								07/06	07/07	07/08	07/09	07/10	07/11	07/12							HOURS WORKED EACH DAY						
5	Granger	Reuben	M	4123	J	Truck Driver - On Site Only		OT					0.43			0.43		56.58	52.35	0.00	80.16	1629.77	277.74	124.68	0.00	402.42	1227.35
								REG		0.57	0.38	0.53							1.48		37.72						
6	Homola	Trevor	A	2329	J	LABHW-LA HWY		REG					0.57			0.57		40.67	11.09	0.00	23.18	277.98	5.28	21.27	0.00	26.55	251.43
6	Homola	Trevor	A	2329	J	OPERATOF		REG					4.78			4.78		44.77	137.66	0.00	214.00	277.98	5.28	21.27	0.00	26.55	251.43
7	Lazorik	Andrew	T	8635	J	LABRE-LAE RESIDENTI		REG					5.70			5.70		30.00	49.99	0.00	171.00	967.50	116.27	72.85	15.23	204.35	763.15

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								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS			
								07/06	07/07	07/08	07/09	07/10	07/11	07/12													
							HOURS WORKED EACH DAY																				
8	Lipka	William	S	9773	J	LABHW-LA HWY	REG					4.78					4.78	40.67	92.97	0.00	194.40	499.50	65.76	51.31	26.83	143.90	355.60
														Union/Other Ddt: Ded. Amt. ROTH 26.83													
9	Lorenz	Justin	D	6363	J	Truck Driver - On Site Only	REG					0.38	0.33				0.71	37.72	19.46	0.00	26.78	1429.76	278.18	108.21	101.02	487.41	942.35
														Union/Other Ddt: Ded. Amt. 401K 85.79 H100 14.27 H200 0.81 H300 0.15													
10	Miller	Tyler	J	1570	J	LABHW-LA HWY	OT							1.31			1.31	61.01	503.56	0.00	1079.59	1519.93	247.76	116.27	0.00	364.03	1155.90
							REG							10.80 7.54 6.24 24.58 40.67													
10	Miller	Tyler	J	1570	J	LABRE-LAE RESIDENTI	REG					1.42					1.42	26.00	18.13	0.00	36.92	1519.93	247.76	116.27	0.00	364.03	1155.90

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								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
								07/06	07/07	07/08	07/09	07/10	07/11	07/12							HOURS WORKED EACH DAY				
10	Miller	Tyler	J	1570	J	OPERATOF	REG					2.10			2.10	44.77	60.48	0.00	94.02	1519.93	247.76	116.27	0.00	364.03	1155.90
11	Paladeni	Ryan	M	2703	J	LABHW-LA HWY	OT						1.31		1.31	61.01	411.76	0.00	887.63	1472.58	170.02	112.65	0.00	282.67	1189.91
							REG			8.99	4.59	6.28			19.86	40.67									
11	Paladeni	Ryan	M	2703	J	LABRE-LAE RESIDENTI	REG					3.20			3.20	25.00	44.06	0.00	80.00	1472.58	170.02	112.65	0.00	282.67	1189.91
11	Paladeni	Ryan	M	2703	J	OPERATOF	REG			1.72	2.40				4.12	44.77	118.66	0.00	184.45	1472.58	170.02	112.65	0.00	282.67	1189.91
12	Palecek	Mark	M	0932	J	LABHW-LA HWY	OT					0.09			0.09	61.01	48.04	0.00	102.28	2336.72	226.15	137.29	71.78	435.22	1901.50
							REG		1.42	0.33	0.57	0.06			2.38	40.67									

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								07/06	07/07	07/08	07/09	07/10	07/11	07/12											
HOURS WORKED EACH DAY																									
12	Palecek	Mark	M	0932	J	OPERATOF	OT						0.27		0.27	67.16	1071.65	0.00	1671.93	2336.72	226.15	137.29	71.78	435.22	1901.50
								REG			7.72	11.63	11.31	6.28											
13	Rivera	John	E	6877	J	DT-DRIVE TIME	OT						1.77		1.77	52.50	0.00	0.00	159.43	2079.58	436.92	159.09	0.00	596.01	1483.57
								REG				1.28	0.62												
13	Rivera	John	E	6877	J	Truck Driver - On Site Only	OT						0.50		0.50	56.58	43.04	0.00	68.65	2079.58	436.92	159.09	0.00	596.01	1483.57
								REG				0.47	0.60												
14	Westlund	Kurt	B	3624	J	Truck Driver - On Site Only	OT						0.33		0.33	56.58	59.75	0.00	88.45	1715.60	321.17	131.24	0.00	452.41	1263.19
								REG				0.68	0.63	0.54											

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PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
East 5th Street Superior, WI				07/12/2025		Jayden Jolma, Vice President							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/>	The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.												
<input checked="" type="checkbox"/>	All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.												
<input checked="" type="checkbox"/>	The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.												
<input type="checkbox"/>	Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.												
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
N/A				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
<input checked="" type="checkbox"/>	Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.												
HOURLY CREDIT FOR FRINGE BENEFITS													
<i>If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i>													
NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
1 Anderson, Braxten T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
1 Anderson, Braxten T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
2 Boardman, Jack M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 25.130	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 25.130
3 Culligan, Daryl M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.410	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.410
4 Granger, Reed D	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
4 Granger, Reed D	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
5 Granger, Reuben M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
5 Granger, Reuben M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
<input checked="" type="checkbox"/>	All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.												
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL						DATE		TELEPHONE NUMBER		EMAIL ADDRESS			
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), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
25013-East 5th St Reconstruction	25-19-PW	7	M Jolma Inc

PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE
East 5th Street Superior, WI	07/12/2025	Jayden Jolma, Vice President

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
N/A	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
5 Granger, Reuben M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.410	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.410
6 Homola, Trevor A	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
6 Homola, Trevor A	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
7 Lazarik, Andrew T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 8.770	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 8.770
8 Lipka, William S	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
9 Lorenz, Justin D	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.410	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.410
10 Miller, Tyler J	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
10 Miller, Tyler J	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 12.770	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 12.770

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS

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), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
25013-East 5th St Reconstruction	25-19-PW	7	M Jolma Inc

PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE
East 5th Street Superior, WI	07/12/2025	Jayden Jolma, Vice President

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
N/A	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
10 Miller, Tyler J	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
11 Paladeni, Ryan M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
11 Paladeni, Ryan M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 13.770	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 13.770
11 Paladeni, Ryan M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
12 Palecek, Mark M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
12 Palecek, Mark M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
13 Rivera, John E	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
13 Rivera, John E	Hourly Credit	\$	Hourly Credit	\$ 1.980	Hourly Credit	\$ 25.430	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.410

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS

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PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
25013-East 5th St Reconstruction	25-19-PW	7	M Jolma Inc

PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE
East 5th Street Superior, WI	07/12/2025	Jayden Jolma, Vice President

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

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APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
N/A	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.


HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
14 Westlund, Kurt B	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.410	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.410
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	7/12/25	715-278-3344	candace@mjomainc.com

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), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.