

# COMPLIANCE STATEMENT TO ACCOMPANY CONTRACTOR'S WEEKLY PAYROLL

Wisconsin Department of Transportation

DT1816 8/2006 (Replaces EC673)

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. 3	State Project ID 5557010-78	Federal Project ID M Jolma Inc. Superior E 5 <sup>th</sup> St.	County Douglas	Payroll Period 10/19/2025- 10/25/2025
Contractor or Subcontractor Monarch Paving Company, Division of Mathy Construction, Inc.				
Authorized Agent Name Anna Jaeger			Authorized Agent Title Payroll Clerk	

I, the undersigned, do state that:

- 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).

(a) **Exceptions**                      Name                                      Craft                                      Explanation                                      When will this person be paid?

(b) **Description of Deductions**

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

- 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.
- 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

x   
(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:** 10/19/2025 - 10/25/2025  
**Job:** 5557010-78 M Jolma Inc.-Superior E 5th St.  
**Contract:** 5557010-78 M Jolma Inc.-Superior E 5th St.

**State Project Number:**  
**Contract/Order #:**

Employee	Hours							Project	***** Liabilities *****			***** Weekly Totals ***** (Week Ending 10/25/25)		
	Sun	Mon	Tue	Wed	Thu	Fri	Sat		Total	Rate	Amounts	Gross	Deductions	Net Pay

<b>Marsolek Sr Dustin D - 194061</b>	<b>M/EX: S/O</b>		<b>Race/Sex W/M</b>												
<b>Flagger</b>	<b>EEO Class: Trainee</b>		<b>Check # 1031251955</b>												
Regular Hourly	0.00	0.00	0.00	0.00	4.75	0.00	0.00	4.75	35,860	170.34	Pension	7,78000	60.30	Federal Withholdin	292.63
Auto Overtime	0.00	0.00	0.00	0.00	3.00	0.00	0.00	3.00	55,800	167.40	Welfare	11,21000	86.88	FICA - Soc Sec.	127.91
										0.00	Skill Fund	0.70000	5.43	FICA - Medicare	29.91
										0.00	Work/Presentat	0.30000	2.33	FICA - Addl Medica	
										0.00	IUOE National Tr	0.05000	0.39	Wisconsin Tax Wit	103.03
										0.00	Annuit	0.75000	5.81	Admin-Gross	30.95
										337.74				Admin-Benefit	16.70
														Local 139 - PAC Dk	2.61
														Hours (Reg/OT): 2,063.18	
														603.74	1,459.44

<b>Miki Adam R - 191796</b>	<b>M/EX: M/O</b>		<b>Race/Sex W/M</b>												
<b>Skidsteer Operator</b>	<b>EEO Class: Journeyman</b>		<b>Check # 1031251955</b>												
Regular Hourly	0.00	0.00	0.00	0.00	4.25	8.00	0.00	12.25	45,510	557.51	Pension	14,39000	341.76	Federal Withholdin	192.38
Fringe Variable - C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.900	21.43	Welfare	11,21000	266.24	FICA - Soc Sec.	44.99
Auto Overtime	0.00	0.00	0.00	0.00	1.50	4.00	6.00	11.50	68,285	785.06	Skill Fund	0.70000	16.63	FICA - Medicare	
										0.00	Work/Presentat	0.30000	7.13	FICA - Addl Medica	
										0.00	IUOE National Tr	0.05000	1.19	Wisconsin Tax Wit	46.55
										0.00	Annuit	1.25000	29.69	Admin-Gross	25.48
										1,364.00				Admin-Benefit	3.03
														Local 139 - PAC Dk	
														Hours (Reg/OT): 3,102.93	
														312.43	2,790.50

# Certified Payroll Transcript

Period: 10/19/2025 - 10/25/2025

Job: 5557010-78 M Jolma Inc.-Superior E 5th St.

Contract: 5557010-78 M Jolma Inc.-Superior E 5th St.

State Project Number:

Contract/Order #:

Hours:-----

Employee	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Rate	Amounts	Project	Description	Rate	Amounts	Gross	Deductions	Net Pay
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**Pocernich Caleb J - 192353**

M/EX: M/O  
Shaping Tag

Race/Sex W/M

EEO Class: Journeyman

Check # 1031251955

Shaping Tag	Regular Hourly	0.00	0.00	0.25	8.00	8.00	0.00	0.00	16.25	41.400	672.75	Pension	14.39000	402.91	Federal Withholdin	325.20	
Shaping Tag	Auto Overtime	0.00	0.00	3.25	4.50	4.00	0.00	0.00	11.75	62.100	729.68	Welfare	11.21000	313.87	FICA - Soc. Sec.	167.16	
												Skill Fund	0.70000	19.60	FICA - Medicare	39.09	
												Work/Preservatic	0.30000	8.40	FICA - Addl Medica		
												I/UE National Tr	0.05000	1.39	Wisconsin Tax Wit	136.98	
												Annuitly	1.25000	34.99	Admin-Gross	40.45	
															Admin-Benefit	23.74	
															Local 139 - PAC Dc	2.84	
																	735.46
																	1,950.72

Other Taxable  
Project Total

***** Liabilities *****																	
***** Weekly Totals ***** (Week Ending 10/25/25)																	

**Scharp Matthew R - 194055**

M/EX: H/O  
Shaping Tag

Race/Sex I/M

EEO Class: Journeyman

Check # 1031251955

Shaping Tag	Regular Hourly	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	41.400	662.40	Pension	14.39000	449.67	Federal Withholdin	476.57		
Shaping Tag	Auto Overtime	0.00	0.00	4.50	6.25	4.50	0.00	0.00	15.25	62.100	947.03	Welfare	11.21000	350.31	FICA - Soc. Sec.	194.11		
												Skill Fund	0.70000	21.86	FICA - Medicare	45.39		
												Work/Preservatic	0.30000	9.36	FICA - Addl Medica			
												I/UE National Tr	0.05000	1.56	Wisconsin Tax Wit	159.62		
												Annuitly	1.25000	39.06	Admin-Gross	46.97		
															Admin-Benefit	26.68		
															Hours (Reg/OT): 40.00 / 23.75		949.34	
																		2,181.55

Other Taxable  
Project Total

***** Liabilities *****																	
***** Weekly Totals ***** (Week Ending 10/25/25)																	

**Villiard Tanner J - 192632**

M/EX: S/O  
Screed Operator

Race/Sex W/M

EEO Class: Journeyman

Check # 1031251955

Screed Operator	Regular Hourly	0.00	0.00	0.00	0.00	3.75	0.00	0.00	3.75	44.770	167.89	Pension	14.39000	125.91	Federal Withholdin	653.46		
Screed Operator	Fringe Variable - (	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.900	7.89	Welfare	11.21000	98.09	FICA - Soc. Sec.	211.97		
Screed Operator	Auto Overtime	0.00	0.00	0.00	0.00	5.00	0.00	0.00	5.00	67.160	335.80	Skill Fund	0.70000	6.13	FICA - Medicare	49.58		
												Work/Preservatic	0.30000	2.63	FICA - Addl Medica			
												I/UE National Tr	0.05000	0.44	Wisconsin Tax Wit	175.29		
												Annuitly	1.25000	10.94	Admin-Gross	51.28		
															Admin-Benefit	28.54		
															Local 139 - PAC Dc	3.33		
																		1,173.45
																		2,245.52

Other Taxable  
Project Total

***** Liabilities *****																	
***** Weekly Totals ***** (Week Ending 10/25/25)																	

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**Job:** 5557010-78 M Jolma Inc.-Superior E 5th St.  
**Contract:** 5557010-78 M Jolma Inc.-Superior E 5th St.

**State Project Number:**  
**Contract/Order #:**

Employee	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Rate	Project Amounts	Description	Rate	Amounts	Gross	Deductions	Net Pay
***** Liabilities *****																
***** Weekly Totals ***** (Week Ending 10/25/25)																

**Wolf Christopher G - 192452**

**M/EX: S/O**

**Roller-Over 5 Ton Operator**

**Race/Sex W/M**

**EEO Class: Journeyman**

**Check # 1031251955**

Roller-Over 5 Ton Operator	Regular Hourly	0.00	0.00	0.00	0.00	4.75	0.00	0.00	4.75	44.770	212.66	Pension	14.39000	118.72	Federal Withholdin	506.63	
Roller-Over 5 Ton Operator	Fringe Variable - C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.900	7.44	Welfare	11.21000	92.48	FICA - Soc Sec.	184.30	
Roller-Over 5 Ton Operator	Auto Overtime	0.00	0.00	0.00	0.00	3.50	0.00	0.00	3.50	67.160	235.06	Skill Fund	0.70000	5.78	FICA - Medicare	43.11	
											<b>0.00</b>	Work Preservatic	0.30000	2.48	FICA - Addl Medica		
											<b>0.00</b>	IUOE National Tr	0.05000	0.41	Wisconsin Tax Wit	151.63	
											<b>455.16</b>	Annuity	1.25000	10.31	Uniforms		
															Admin-Gross	44.59	
															Admin-Benefit	25.71	
															Local 139 - PAC Dk	3.00	
															<b>2,972.57</b>	<b>958.97</b>	<b>2,013.60</b>
															Hours (Reg/OT): 39.75 / 20.25		

Job Totals	Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Project Amounts	Description	Rate	Amounts	Gross Total	Deductions	Net Pay
	Regular Hourly	0.00	0.00	0.25	32.00	69.25	8.00	0.00	109.50	4,761.41	Pension		2,561.05	Federal Withholdin	4,839.24	
	Fringe Variable - C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90.81	Welfare		2,166.33	FICA - Soc Sec.	2,089.20	
	Auto Overtime	0.00	0.00	11.75	21.00	45.00	6.00	0.00	83.75	5,484.98	Skill Fund		1,352.27	FICA - Medicare	483.93	
										<b>0.00</b>	Work Preservatic		57.97	FICA - Addl Medica		
										<b>0.00</b>	IUOE National Tr		9.66	Wisconsin Tax Wit	1,572.44	
										<b>10,317.20</b>	Annuity		224.93	Uniforms		
														Admin-Gross	500.65	
														Admin-Benefit	271.19	
														Local 139 - PAC Dk	24.85	
														<b>33,374.45</b>	<b>9,761.50</b>	<b>23,612.95</b>
														Hours (Reg/OT): 462.75 / 227.00		