Minnesota Department of Transportation Prevailing Wage Payroll Report

Contractor Name								Prime Contractor Name												
Address and Telephone #								Address & Telephone #												
State Project / Contract Number				Pay Period End Date						Project Location									Payroll #	
(1)	(2)	(2) (3) (4)		(5) Day of Week (M,		T, W, R, F, S, Su		ı) & Date (xx/xx)		(6)	(7)	(8)	(9)	(10) Deductions					(1	
Employee Name, Address and Last Four Digits of Social Security Number	# of Exemp tions	Labor Code and	OT & ST							Total Hours	Hourly Rates of	Gross Amount Earned	Gross Amount Earned	FICA	Federal Tax	State Tax	Other (Specify)	Other (Specify)	Total Deductions	Total Net Wages Paid
		Classification Title			Hours V	Vorked E	ach Day	Th	This Job	Pay	This Job	This Pay Period		Tax				Deductions	wages r alu	
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