

MN/DOT PAYROLL FORM INSTRUCTIONS

Pursuant with **Minnesota Statute 177.30 (a)(4)** and **29 CFR, Part 3.3(b)**, a contractor performing work under a contract that is funded in whole or in part with state and/or federal funds must complete and submit a payroll report to the Contracting Authority (CA) weekly for work performed under a contract that is funded in whole or in part with federal funds, or biweekly for work performed under a contract that is funded in whole or in part with state funds ONLY.

Contractors that do not utilize an electronic payroll software program must complete and submit the **Mn/DOT Payroll Form**, provided it includes all the information required by **Minnesota Rules 5200.1106, Subpart 10** and **29 CFR, Part 5.5(a)(3)**.

Once the contractor has completed a payroll report, it shall attach the **Mn/DOT Statement of Compliance Form**. This form serves two functions; it provides an opportunity for a contractor to describe its contributions into a bona-fide fringe benefit plan, along with certifying the accuracy of the data provided.

Incomplete forms will be returned to the contractor. Please note that the falsification of any of the above-mentioned documents may result in federal and/or state civil or criminal prosecution.

GENERAL INSTRUCTIONS

Contractor Name: Insert the registered legal business name of the contractor for whom the report is for.

Address and Telephone Number: Self explanatory.

Prime Contractor Name: Insert the registered legal business name of the contractor that was awarded the contract.

Address and Telephone Number: Self explanatory.

State Project/Contract Number: Insert the state project number. This number can be obtained from the Prime Contractor's project/contract proposal or from the Project Engineer. If the contract has multiple project numbers, please provide the lowest state project number.

Pay Period End Date: Insert the date (mm/dd/yy) that corresponds to when the contractor's pay period ends. Populating this cell will automatically insert the dates of the pay period in Column 5.

Project Location: Insert the location of the work performed. At a minimum, please specify the number or name of the road and the county in which the work is being performed.

Payroll Number: Each report must be numbered in sequential order. The first report submitted shall be denoted as #1, the second report as #2 and so on. The final report submitted should be labeled "FINAL."

DETAILED INSTRUCTIONS

Column 1 – Employee Name, Address, and Last Four Digits of Social Security Number:

Insert the employee's full name, address and last four digits of his/her social security number. The employee's address shall be provided on the first payroll report in which he/she performed work on the project; the address is not required on subsequent reports unless the address changes.

Column 2 – # of Withholding Exemptions: This column is provided for the contractor's convenience and is not required by state and/or federal law.

Column 3 – Labor Code and Classification Title: Insert the applicable three digit code from the state wage determination, along with the title of the classification of work performed by the worker. If more than one classification of work is performed multiple lines shall be used.

Column 4 – OT & ST: OT denotes overtime hours and ST denotes straight time hours.

Column 5 – Days of Week: Insert the following abbreviations for the days of the week: **M** (Monday), **T** (Tuesday), **W** (Wednesday), **Th** (Thursday), **F** (Friday), **S** (Saturday), **Su** (Sunday) as they relate to the dates provided. **Hours Worked Each Day:** Insert the overtime (OT) and straight time (ST) hours that correspond to each day the worker performed work on the project. Other hours not associated with the project shall not be reported.

Column 6 – Total Hours This Job: Self explanatory. This cell will populate once the overtime and straight time hours are reported.

Column 7 – Hourly Rates of Pay: Insert the overtime and straight time hourly rate of pay for the worker.

Column 8 – Gross Amount Earned This Job: Self explanatory. This cell will populate once the overtime and straight time hourly rate of pay is reported.

Column 9 – Gross Amount Earned This Pay Period: Insert the worker's gross wages for the time period reported.

Column 10 – Deductions, and Total Deductions: Five columns are provided to report all legal deductions from a worker's gross wages. The "FICA" column shall include the total Social Security and Medicare deductions. The "Federal Tax" and "State Tax" columns shall include the total income tax withholdings for each. The "Other" columns shall be utilized to report other legal deductions, such as: child support payments, repayment of employee advances or loans, employee contributions to third party funds for medical or life insurance, retirement or pension funds, union fees or membership dues; please add text in the bottom half of the "Other" box that describes the deduction. If there are more than two "Other" deductions, combine them all and note the total in the left hand "Other Column" and label it "Misc." Contractors shall specifically describe each deduction on the **Mn/DOT 21658 – Statement of Compliance Form.**

Column 11 – Total Net Wages Paid: Self explanatory. This cell will populate once the gross amount earned this pay period and the deductions have been reported.