



**CERTIFIED  
TRANSCRIPT OF LABOR PAYROLL**

FOR USE ON ALL  
FEDERAL AID PROJECTS

Form DOTM (Rev. 10-14)

Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Subcontractor \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work \_\_\_\_\_

Payroll No. \_\_\_\_\_ Sheet \_\_\_\_\_ of \_\_\_\_\_  
For Week Ending \_\_\_\_\_  
County: \_\_\_\_\_, Iowa  
Contract ID No. \_\_\_\_\_ Wage \_\_\_\_\_  
Date of Letting \_\_\_\_\_ Decision No. \_\_\_\_\_

| Line No. | EMPLOYEE<br>(Include name & identifying number such as last four digits of employee's SSN) | WORK CLASSIFICATION<br>(See Wage Decision for Title & Minimum Wage) | Hours Worked Each Day                    |   |   |   |   |   |   | ST<br>or<br>OT | Total<br>Hours | Rate<br>Per<br>Hour | Gross<br>Amount<br>Earned on<br>This Project | Gross Amount<br>Earned on<br>All Work<br>This Week | Deductions          |                    |                     | Net<br>Amount<br>Earned |  |  |  |
|----------|--|---|--|---|---|---|---|---|---|----------------|----------------|---------------------|--|--|---------------------|--------------------|---------------------|-------------------------|--|--|--|
|          |  |   | S  | M | T | W | T | F | S |                |                |                     |  |  | Soc.<br>Sec.<br>Tax | Fed.<br>WIH<br>Tax | State<br>WIH<br>Tax |                         | Other Approved<br>Deductions<br>(Itemized) |  |  |
| 1.       |  |   |  |   |   |   |   |   |   |                |                |                     |  |  |                     |                    |                     |                         |  |  |  |
|          |  |   | Fringe Benefits (if any) if Paid in Cash |   |   |   |   |   |   |                | Total          |                     |  |  |                     |                    |                     |                         |  |  |  |
| 2.       |  |   |  |   |   |   |   |   |   |                |                |                     |  |  |                     |                    |                     |                         |  |  |  |
|          |  |   | Fringe Benefits (if any) if Paid in Cash |   |   |   |   |   |   |                | Total          |                     |  |  |                     |                    |                     |                         |  |  |  |
| 3.       |  |   |  |   |   |   |   |   |   |                |                |                     |  |  |                     |                    |                     |                         |  |  |  |
|          |  |   | Fringe Benefits (if any) if Paid in Cash |   |   |   |   |   |   |                | Total          |                     |  |  |                     |                    |                     |                         |  |  |  |
| 4.       |  |   |  |   |   |   |   |   |   |                |                |                     |  |  |                     |                    |                     |                         |  |  |  |
|          |  |   | Fringe Benefits (if any) if Paid in Cash |   |   |   |   |   |   |                | Total          |                     |  |  |                     |                    |                     |                         |  |  |  |
| 5.       |  |   |  |   |   |   |   |   |   |                |                |                     |  |  |                     |                    |                     |                         |  |  |  |
|          |  |   | Fringe Benefits (if any) if Paid in Cash |   |   |   |   |   |   |                | Total          |                     |  |  |                     |                    |                     |                         |  |  |  |
| 6.       |  |   |  |   |   |   |   |   |   |                |                |                     |  |  |                     |                    |                     |                         |  |  |  |
|          |  |   | Fringe Benefits (if any) if Paid in Cash |   |   |   |   |   |   |                | Total          |                     |  |  |                     |                    |                     |                         |  |  |  |
| 7.       |  |   |  |   |   |   |   |   |   |                |                |                     |  |  |                     |                    |                     |                         |  |  |  |
|          |  |   | Fringe Benefits (if any) if Paid in Cash |   |   |   |   |   |   |                | Total          |                     |  |  |                     |                    |                     |                         |  |  |  |
| 8.       |  |   |  |   |   |   |   |   |   |                |                |                     |  |  |                     |                    |                     |                         |  |  |  |
|          |  |   | Fringe Benefits (if any) if Paid in Cash |   |   |   |   |   |   |                | Total          |                     |  |  |                     |                    |                     |                         |  |  |  |
| 9.       |  |   |  |   |   |   |   |   |   |                |                |                     |  |  |                     |                    |                     |                         |  |  |  |
|          |  |   | Fringe Benefits (if any) if Paid in Cash |   |   |   |   |   |   |                | Total          |                     |  |  |                     |                    |                     |                         |  |  |  |

This space may be used for totals, footnotes, remarks, etc.

