



**CERTIFIED  
TRANSCRIPT OF LABOR PAYROLL**

**FOR USE ON ALL  
FEDERAL AID PROJECTS**

Form 831076 (Each 12-09)

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

Payroll No. \_\_\_\_\_ Sheet \_\_\_\_\_ of \_\_\_\_\_  
 For Week Ending \_\_\_\_\_  
 County: \_\_\_\_\_, Iowa

Contract ID No. \_\_\_\_\_  
 Date of Letting \_\_\_\_\_ Wage Decision No. \_\_\_\_\_

Line No.	EMPLOYEE (Include name & identifying number such as last four digits of employee's SSN)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	Hours Worked Each Day							Total Hours	Rate Per Hour	Gross Amount Earned on This Project	Gross Amount Earned on All Work This Week	Deductions			Net Amount Earned					
			ST or OT	S	M	T	W	T	F					S	Soc. Sec. Tax	Fed. W/H Tax		State W/H Tax	Other Approved Deductions (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.

