

WEEKLY STATEMENT OF COMPLIANCE - PAYROLL

I, _____ (name of party signing statement) _____ (title), certify: That I pay or supervise the payment of persons employed by _____ (Seller) on the _____ (building or work); that during the payroll period commencing on the _____ day of _____, 20____, and ending the _____ day of _____, 20____, all persons employed on said project have been paid the full weekly wages (including fringe benefits), earned, that the wage rates (including fringe benefits) contained in the payrolls are not less than those required by the order, that the classifications set forth for each laborer or mechanic conform to the work performed, and, that no rebates have been or will be made directly or indirectly to or on behalf of said _____ (Seller) from the full weekly wages earned by any person and that no deductions have been made directly or indirectly from the full weekly wages earned by any person, other than permissible deductions, as defined in the regulations under the Copeland "Anti-Kickback" Act (40 USC 276) and described below:

(Paragraph describing deductions, if any)

DEDUCTION	YES	NO
Old Age Benefit		
Withholding Tax		
Other Deductions		

(Name of Seller)

BY: _____
(Signature and Title)