



Alaska Department of Labor and Workforce
Development
Labor Standards and Safety Division
Wage and Hour Administration

CERTIFIED PAYROLL

Contractor Name _____ Contractor _____ SubContractor _____										Address _____																							
Phone _____		Contractor License No. _____		Week Ending _____		Payroll No. _____		Contracting Agency Project # _____		Dept. Labor Project # _____		Project Name and Location _____			Contract Amount _____		Date Work Started _____		Est. Completion Date _____														
Name, SSN, Permanent Domicile Address (NO P.O. BOX or RURAL ROUTES ACCEPTED) and Mailing Address (if different) for each employee Social Security numbers MUST be included		Specific Work Class Code Including certificate #'s for Electricians, Plumbers, Painters, Powderman, Asbestos Workers. Truck drivers include truck license number		Apprentice (%) if Applicable		Union Member- ship? If NONE put N/A		OT. ST. FB		Date of the Month							Total Hours Worked		Hourly Rate Paid		Gross Amount Earned		DEDUCTIONS					Total Deductions		Net Amount Paid		Check No. Issued	
										Day of the Week																							
										S	M	T	W	TH	F	S							FICA	FED W/H TAX	ESD	UNION DUES	OTHER (EXPLAIN) Garnish or Medical Insurance						
		Classification Code:						OT																									
		Classification:								ST																							
		Certificate # Truck License #								FB																							
		Classification Code:						OT																									
		Classification:								ST																							
		Certificate # Truck License #								FB																							
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		Classification:								ST																							
		Certificate # Truck License #								FB																							

STATEMENT OF COMPLIANCE

CERTIFIED PAYROLL

FORM 07-6058

FULL SSN MUST be listed for each employee on the Payroll page

All Contractors who perform work on a public construction contract for the State or a political subdivision of the State, shall pay employees not less than once a week. (See Sec 36.05.070 Wage rates in specifications and contracts for public works). All Contractors (including owner/operators) shall file, at minimum, with the Department a certified payroll (Form 07-6058) before the Friday of every second week that covers the preceding pay periods. (See 8 AAC 30.020 Certified Payroll). Authority: AS 36.05.030, AS 36.05.040, AS 36.10.075.

The certified payroll shall be submitted to the corresponding regional office of the Department of Labor and Workforce Development, Wage and Hour Administration (DOLWD).

Region I,
North of N63°

Wage and Hour
675 7th Ave., Station J-1
Fairbanks, AK 99701-4593
(907) 269-4900

Region II,
South of N63°

Wage and Hour
1251 Muldoon Road, Suite 113
Anchorage, AK 99504-2098
(907) 269-4900

Region IIA, Southeast Alaska,
(From Yakutat south)

Wage and Hour
1111 W. 8th Street, Suite 302 (If Delivered)
P.O. Box 111149 (If Mailed)
Juneau, AK 99811-1149
(907) 269-4900

In lieu of submitting Form 07-6058, contractors may submit their own payroll form, however the payroll must contain all the required information from Form 07-6058. (See 8 AAC 30.020 (c) and (d) Certified Payroll). Note: The Certified Payroll Form 07-6058 Statement of Compliance may not be re-keyed into another software application. This Statement of Compliance form must be used.

AS 36.05.040 requires that all contractors, subcontractors, and owner/operators who perform work on a public construction contract for the State or political subdivision of the State shall file with the DOLWD, a sworn affidavit for the reporting period, setting out in detail the number of workers employed, wages paid each week, job classification of each employee, hours worked each day, and all other information required by Form 07-6058.

CONTRACTORS WHO DISREGARD THEIR OBLIGATIONS TO THEIR EMPLOYEES, INCLUDING PAYMENT OF THE APPROPRIATE PREVAILING RATES OF PAY, UNCONDITIONAL PAYMENT, AND PAYMENT NOT LESS THAN ONCE A WEEK MAY BE DEBARRED FROM PUBLIC CONSTRUCTION.

Date: _____

I, _____ do hereby state:
(Name of Signatory Party / Title)

(1) That I pay or supervise the payment of persons employed by
_____; on the
(Contractor / Subcontractor)

_____; that during the payroll period commencing on
(Building or Work)

_____, and ending on _____, all persons employed on said
(date) (date)

project have been paid full weekly wages earned, that no rebates or kickbacks have been or will be made either directly or indirectly to or on behalf of said

(Contractor / Subcontractor)

from the full weekly wages earned by a person, and that no deductions have been made directly or indirectly from the full wages earned by any person, other than permissible deductions, on projects covered by Alaska Statute 36 as defined in regulations issued by the Commissioner of Labor; or on Federal Projects as defined in Regulations, Part 3 (CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948; 63 Stat. 108; 72 Stat. 967; 76 Stat. 357; 40 USC 276 (c), and described below:

and;

(2) That _____ is in full
(Contractor / Subcontractor)

compliance with the provisions set forth in AS 36.10, which requires 90% employment preference for Alaska residents as outlined in AS 36.95.010; and

(3) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers, mechanics, or field surveyors contained herein are not less than the current applicable wage rates established by the DOLWD; that the classification set forth therein for each laborer, mechanic, or field surveyor conforms with the work performed; and

(4) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State apprenticeship agency recognized by the United States Department of Labor Office of Apprenticeship, 605 W. 4th Avenue, Room G-30, Anchorage, AK 99501

(5) That I am a bona fide owner/operator and that my contract amount meets or exceeds the prevailing wage for each hour I have worked, after deducting operating expenses. My last progress payment was received on

_____ For _____

(6) That where fringe benefits are paid to approved plans, funds, or programs: (check all applicable items)

☐ (a) In addition to the basic hourly rates paid to each laborer, mechanic, or field surveyor listed on this payroll, payments of fringe benefits as currently published by the DOLWD, have been or will be made to a union trust.

☐ (b) In addition to the basic hourly wage rates paid to each laborer, mechanic, or field surveyor listed on this payroll, payments of fringe benefits as currently published by DOLWD have been or will be made to the appropriate programs for the benefit of such workers, except as noted in Section 6(d) below. Fringe benefits payments will be made at least monthly to an approved plan. The name of the plan is:

☐ (c) Each laborer, mechanic, or field surveyor listed on this payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly rate plus the amount of the required fringe benefits as currently published by DOLWD, except as noted in Section 6(d).

☐ (d) Exceptions:

Exception (Craft)	Explanation

Remarks: _____

(7) Where board and lodging requirements apply to a remote site in accordance with 8 AAC 30.052, 30.054, or 30.056 (check all that apply):

- ☐ (a) That board and lodging has been provided; or
☐ (b) per diem instead of board and lodging has been paid; or
☐ (c) lodging is provided and a food allowance is paid; or
☐ (d) an alternative agreement has been approved by the Commissioner; or
☐ (e) Does not apply to this project.

The willful falsification of any of the above information may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of the United States Code. Also see AS 36.05.060

Signature (original signature required)

Name & Title (print or type)