



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF LABOR STANDARDS

CONTRACTOR PAYROLL RECORDS

(See Sections 290.210 to 290.340, RSMo and 3 CSR 30-3.010 to 8 CSR 30-3.060)

Name of <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Address: City: _____ State: _____ ZIP: _____ Phone Number: () - _____
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Name of Public Body	Address: City: _____ State: _____ ZIP: _____ Phone Number: () - _____
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Payroll No.:	For Week Ending: / /	Project and Location:	Project or Contract No.:
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Name and Address of Employee	Occupational Title ***	O.T. or S.T.	Day and Date							Total Hours	Hourly Rate of Pay	Gross Amount Earned	Fringe Amt. Paid in Cash Added to Rate of Pay	Deductions				Net Wages Paid for Week
														FICA	With-holding Tax	Other	Total Deductions	
			Hours Worked Each Day															
		O																
		S																
		O																
		S																
		O																
		S																
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*** If a worker performs more than one type of work for which different wage rates apply, separately list the hours for each type of work ***

