1. Please indicate the full name, address and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

NAME OF CONTRACTOR/SUBCONTRACTOR

ADDRESS

CITY

STATE

ZIP

PHONE

EXTENSION

FAX

2. Submitter information

TITLE

LAST NAME AND FIRST NAME

PHONE

EXTENSION

ORGANIZATION

EMAIL ADDRESS

3. Please supply the complete name of the project, project description (area within a building, highway section, specific room number, etc.), address, and name of General/Prime Contractor if different from Item 1.

FULL NAME OF PROJECT

PROJECT DESCRIPTION

ADDRESS

CITY

STATE

COUNTY

NAME OF GENERAL / PRIME CONTRACTOR

4. Indicate if project is subject to a Federal (Davis-Bacon) or state wage determination.

FEDERAL

STATE

NEITHER

5. Please select one choice at right.

A. Please provide a list, on the enclosed form, of any subcontractors you used on this project, including addresses and phone numbers.

B. For the project being reported on this form state the date the work began and the date the work ended.

C. If you are a Subcontractor for the project being reported indicate the date your work began and the date your work ended.

I AM THE

GENERAL/PRIME CONTRACTOR

SUBCONTRACTOR

THE LIST IS BEING RETURNED WITH THIS FORM

THE LIST WAS PROVIDED EARLIER

THERE ARE NO SUBCONTRACTORS

PROJECT VALUE

SUBCONTRACT VALUE

6. Please fill in the circle indicating the type of construction for the project being reported and all relevant descriptors. If the project has more than one type of construction please mark the additional type.

APARTMENT BUILDING

Motel/Hotel

Nursing/Assisted Living Facility

Residential

Road/Street/Highway/Drive

School

Office/Commercial Building

Site Preparation

Parking Lot

Treatment Plant

Bridge

Paving

Water/Sewer

Playground

Bridge (Any Other Type)


dormitory

Hospital

Other

* If you selected APARTMENT, NURSING FACILITY, or RESIDENTIAL:

NUMBER OF STORIES

KITCHEN IN EACH UNIT?

(If yes, fill in circle.)

BATH IN EACH UNIT?

(If yes, fill in circle.)
7. Classifications and Fringe Benefit Information. In the questions below, CBA stands for Collective Bargaining Agreement. In the five benefit-related columns, please describe the benefits (if any) for each classification, and also tell us how they are paid. If the benefit is paid out periodically, tell us how much you pay and how frequently you pay it, using a single letter abbreviation. Use 'H' for hourly, 'D' for daily, 'W' for weekly, 'M' for monthly, and 'Y' for yearly. If the benefit is paid as a percentage of the hourly rate, check the appropriate box, then tell us the percentage using the boxes below the checkbox. Regarding the Vacation & Holiday and additional benefit columns, if appropriate, tell us how many days are paid annually.

If you only supplied building materials, and no employees worked on the project, then fill in the circle below. You may skip the rest of this question, and sign and date the form.

Note: The willful falsification of any submitted information may result in civil or criminal prosecution. See 18 U.S.C.1001.