

MICHIGAN DEPARTMENT OF TRANSPORTATION **CERTIFIED PAYROLL**

COMPLETION OF CERTIFIED PAYROLL FORM FULFILLS THE MINIMUM MDT PREVAILING WAGE REQUIREMENTS

(1) NAME OF CONTRACTOR / SUBCONTRACTOR (CIRCLE ONE)		(2) ADDRESS		(3) PAYROLL NO.		(4) FOR WEEK ENDING		(5) PROJECT AND LOCATION		(6) CONTRACT ID																
Major Cement Co.		P. O. Box 19310, Detroit, MI 48219		17		7/26/2020		City of Detroit		82000-205935																
EMPLOYEE INFORMATION		WORK CLASSIFICATION	Hour Type	(d) DAY AND DATE							(e) TOTAL HOURS ON PROJECT	(f) PROJECT RATE OF PAY	(g) PROJECT RATE OF FRINGE PAY	(h) GROSS PROJECT EARNED		(i) TOTAL WEEKLY HOURS WORKED ALL JOBS	(j) DEDUCTIONS					(k) TOTAL WEEKLY WAGES PAID FOR ALL JOBS				
				M	T	W	TH	F	SA	SU				20	21		22	23	24	25	26		FICA	FEDERAL	STATE	LOCAL
NAME: Rosendo Garcia 7268 Navy, Detroit		LABO0465-001	O											0	\$43.61		\$0.00								\$0.00	\$0.00
NAME: ETHGEN: H/M ID #: 1242		GROUP/CLASS #: A1G1	S											0	\$43.61		\$0.00								\$0.00	\$0.00
NAME: Antonio Rios-Ramirez 8847 Falcon, Detroit			O											0	\$29.07		\$0.00								\$0.00	\$0.00
NAME: ETHGEN: H/M ID #: 7475		GROUP/CLASS #: A1G1	S											0	\$43.61		\$0.00								\$0.00	\$0.00
NAME: Santos Leija 18253 Ruth, Melvindale		LABO0465-001	O											0	\$29.07		\$0.00								\$0.00	\$0.00
NAME: ETHGEN: H/M ID #: 1511		GROUP/CLASS #: A1G1	S											0	\$48.75		\$0.00								\$0.00	\$0.00
NAME: Mario Hernandez 15539 Keppen, Allen Park		LABO0465-001	O											0	\$32.50		\$0.00								\$0.00	\$0.00
NAME: ETHGEN: H/M ID #: 3420		GROUP/CLASS #: A1G1	S											0	\$43.61		\$0.00								\$0.00	\$0.00
NAME: Jose Hernandez, Jr. 6333 Whitehead, Detroit		LABO-0465-001	O											0	\$29.07		\$0.00								\$0.00	\$0.00
NAME: ETHGEN: H/M ID #: 3205		GROUP/CLASS #: A1G1	S											0	\$43.61		\$0.00								\$0.00	\$0.00
NAME: Abel Barraza 17621 Dora, Melvindale		LABO0465-001	O											0	\$29.07		\$0.00								\$0.00	\$0.00
NAME: ETHGEN: H/M ID #: 7747		GROUP/CLASS #: A1G1	S											0	\$43.61		\$0.00								\$0.00	\$0.00
NAME: Juan De Dios Lopez 8148 Dayton, Detroit		LABO0465-001	O											0	\$29.07		\$0.00								\$0.00	\$0.00
NAME: ETHGEN: H/M ID #: 9354		GROUP/CLASS #: A1G1	S											0	\$43.61		\$0.00								\$0.00	\$0.00
NAME: Jorge Alfaro 5634 Springwells, Detroit		LABO0465-001	O											0	\$29.07		\$0.00								\$0.00	\$0.00
NAME: ETHGEN: H/M ID #: 6191		GROUP/CLASS #: A1G1	S											0	\$29.07		\$0.00								\$0.00	\$0.00

Date 07/27/2020

Jackie L. Sinacola

Office Manager

I, _____ (Name of Signatory Party)

(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Major Cement Co.

(Contractor or Subcontractor)

on the

#82000-205935

; that during the payroll period commencing on the

(Building or Work)

20 day of Ju, 2020, and ending the 26 day of Ju, 2020,

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

Major Cement Co.

from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. 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 U.S.C. § 3145), and described below:

(2) 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 or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS



— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH



— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE	SIGNATURE	DATE
Jackie L. Sinacola/Office Manager	Jackie L. Sinacola	Jul 30 2020 2:11 PM
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.		

MICHIGAN DEPARTMENT OF TRANSPORTATION **CERTIFIED PAYROLL**

COMPLETION OF CERTIFIED PAYROLL FORM FULFILLS THE MINIMUM MDT PREVAILING WAGE REQUIREMENTS

(1) NAME OF CONTRACTOR / SUBCONTRACTOR (CIRCLE ONE)		(2) ADDRESS		(3) PAYROLL NO.		(4) FOR WEEK ENDING		(5) PROJECT AND LOCATION		(6) CONTRACT ID											
Major Cement Co.		P.O. Box 19310, Detroit, MI 48219		17		7/26/2020		City of Detroit		#82000-205935											
(a) EMPLOYEE INFORMATION	(b) WORK CLASSIFICATION	(c) Hour Type	(d) DAY AND DATE							(e) TOTAL HOURS ON PROJECT	(f) PROJECT RATE OF PAY	(g) PROJECT RATE OF FRINGE PAY	(h) GROSS PROJECT EARNED	(i) TOTAL WEEKLY HOURS WORKED ALL JOBS	(j) DEDUCTIONS					(k) TOTAL WEEKLY WAGES PAID FOR ALL JOBS	
			M	T	W	TH	F	SA	SU						FICA	FEDERAL	STATE	LOCAL	OTHER		TOTAL DEDUCT
NAME: Angel Lopez	LABO0465-001	O								0	\$43.61		\$0.00							\$0.00	\$0.00
1812 Council, Lincoln Par										0	\$29.07		\$0.00							\$0.00	\$0.00
ETHIGEN: H/M ID #: 8652	GROUP/CLASS #: A1G1	S								0	\$48.75		\$0.00							\$0.00	\$0.00
NAME: Jose Ramon Garcia	PLAS0465-001	O								0	\$32.50		\$0.00							\$0.00	\$0.00
2362 Lawndale, Detroit										0	\$43.61		\$0.00							\$0.00	\$0.00
ETHIGEN: H/M ID #: 1129	GROUP/CLASS #: Z1Z1	S								0	\$29.07		\$0.00							\$0.00	\$0.00
NAME: Saul Nava	LABO0465-001	O								0	\$43.61		\$0.00							\$0.00	\$0.00
4483 Ziegler, Dearborn										0	\$43.61		\$0.00							\$0.00	\$0.00
ETHIGEN: H/M ID #: 6432	GROUP/CLASS #: A1G1	S								0	\$29.07		\$0.00							\$0.00	\$0.00
NAME: Jose Salcedo	LABO0465-001	O								0	\$43.61		\$0.00							\$0.00	\$0.00
217 Fairmont, River Rouge										0	\$29.07		\$0.00							\$0.00	\$0.00
ETHIGEN: H/M ID #: 1512	GROUP/CLASS #: A1G1	S								0	\$43.61		\$0.00							\$0.00	\$0.00
NAME: Gerardo Barba Segura	LABO0465-001	O								0	\$29.07		\$0.00							\$0.00	\$0.00
1015 Livernois, Detroit										0	\$48.75		\$0.00							\$0.00	\$0.00
ETHIGEN: H/M ID #: 7103	GROUP/CLASS #: A1G1	S								0	\$32.50		\$0.00							\$0.00	\$0.00
NAME: Reynaldo Madrigal	PLAS0514-001	O								0	\$48.75		\$0.00							\$0.00	\$0.00
7024 Army, Detroit										0	\$48.75		\$0.00							\$0.00	\$0.00
ETHIGEN: H/M ID #: 1090	GROUP/CLASS #: Z1Z1	S								0	\$32.50		\$0.00							\$0.00	\$0.00
NAME: John Sinacola	PLAS0514-001	O								0	\$43.61		\$0.00							\$0.00	\$0.00
31557 Bridge, Livonia										0	\$43.61		\$0.00							\$0.00	\$0.00
ETHIGEN: V/M ID #: 8833	GROUP/CLASS #: Z1Z1	S								0	\$29.07		\$0.00							\$0.00	\$0.00
NAME: Luis Cobos	LABO0465-001	O								0	\$29.07		\$0.00							\$0.00	\$0.00
17604 Henry, Melvindale										0	\$29.07		\$0.00							\$0.00	\$0.00
ETHIGEN: H/M ID #: 2491	GROUP/CLASS #: A1G1	S								0	\$29.07		\$0.00							\$0.00	\$0.00

Date 07/27/2020Jackie L. Sinacola

Office Manager

I, _____
(Name of Signatory Party)

(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Major Cement Co.

(Contractor or Subcontractor)

on the

#82000-205935

; that during the payroll period commencing on the

(Building or Work)

20 day of Ju, 2020, and ending the 26 day of Ju, 2020,

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

Major Cement Co.

from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. 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 U.S.C. § 3145), and described below:

(2) 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 or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS



— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH



— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE	SIGNATURE	DATE
Jackie L. Sinacola/Office Manager	Jackie L. Sinacola	Jul 30 2020 2:13 PM
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.		

COMPLETION OF CERTIFIED PAYROLL FORM FULFILLS THE MINIMUM MDOL PREVALENCY WORK REQUIREMENT

[illegible]

Date 07/27/2020

Jackie L. Sinacola

Office Manager

I, _____
(Name of Signatory Party)

(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Major Cement Co.

(Contractor or Subcontractor)

on the

#82000-205935

; that during the payroll period commencing on the

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Major Cement Co.

from the full

(Contractor or Subcontractor)

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(2) 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 or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

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(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE Jackie L. Sinacola/Office Manager	SIGNATURE Jackie L. Sinacola Jul 30 2020 2:14 PM <i>DocuSign</i>
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