

**MICHIGAN DEPARTMENT OF TRANSPORTATION
CERTIFIED PAYROLL**

COMPLETION OF CERTIFIED PAYROLL FORM FULFILLS THE MINIMUM MDOT 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								
Municipal Sweeping Corporation		1100 W Gunn Rochester MI 48306		7/25/2020		Spinoza city of Detroit		82000-205935										
(a) EMPLOYEE INFORMATION		(b) WORK CLASSIFICATION		(c) Hour Type		(d) DAY AND DATE		(e)	(f)	(g)	(h)	(i) DEDUCTIONS				(k)		
NAME: Robert Kinney		Eng10324-008				S M T W T F S		TOTAL HOURS ON PROJECT	PROJECT RATE OF PAY	PROJECT RATE OF FRINGE PAY	GROSS PROJECT EARNED	TOTAL WEEKLY HOURS WORKED ALL JOBS	FICA	FEDERAL	STATE	OTHER	TOTAL DEDUCT	TOTAL WEEKLY WAGES PAID FOR ALL JOBS
owner operator						19202122232425		0			\$0.00						\$0.00	\$0.00
ETH/GEN: ID #:		GROUP/CLASS #:		S				0			\$0.00						\$0.00	\$0.00
NAME:								0			\$0.00						\$0.00	\$0.00
ETH/GEN: ID #:		GROUP/CLASS #:		S				0			\$0.00						\$0.00	\$0.00
NAME:								0			\$0.00						\$0.00	\$0.00
ETH/GEN: ID #:		GROUP/CLASS #:		S				0			\$0.00						\$0.00	\$0.00
NAME:								0			\$0.00						\$0.00	\$0.00
ETH/GEN: ID #:		GROUP/CLASS #:		S				0			\$0.00						\$0.00	\$0.00
NAME:								0			\$0.00						\$0.00	\$0.00
ETH/GEN: ID #:		GROUP/CLASS #:		S				0			\$0.00						\$0.00	\$0.00
NAME:								0			\$0.00						\$0.00	\$0.00
ETH/GEN: ID #:		GROUP/CLASS #:		S				0			\$0.00						\$0.00	\$0.00
NAME:								0			\$0.00						\$0.00	\$0.00

Date 02/19/2021

I, Robert M Kinney President
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
Municipal Sweeping Corporation on the
(Contractor or Subcontractor)
Spinoza job; that during the payroll period commencing on the
(Building or Work)

day of _____, and ending the _____ day of _____,
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

Municipal Sweeping Corporation 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:

Owner Operator

NAME AND TITLE
Robert M Kinney President

SIGNATURE

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.