

MICHIGAN DEPARTMENT OF TRANSPORTATION CERTIFIED PAYROLL

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

(1) Name of Contractor <u> </u> or Subcontractor <u> X </u> Scodeller Construction, Inc.										(2) Address 51722 Grand River Ave. Wixom, MI 48393-2303												
(3) Payroll No. 1			(4) For Week Ending 12/12/20				(5) Project and Location 20-249-Merlo *82000-205935 NB SvcSfld										(6) Contract ID 82000-205935					
(a) Employee Information	(b) Work Classification	(c) Earn Code	(d) DAY AND DATE							(e) Total Hours on Project	(f) Project Rate of Pay	(g) Project Rate of Fringe Pay		(h) Gross Earned Project	(i) Total Hours All Jobs	(j) DEDUCTIONS					(k) Total Weekly Wage Paid All Jobs	
			SUN	MON	TUE	WED	THU	FRI	SAT			Cash	Fund			Weekly	FICA	Federal	State	Other		Total Deduct
			12/06	12/07	12/08	12/09	12/10	12/11	12/12													
			HOURS WORKED ON PROJECT																			
Garcia Garcia, Juan M ETH/GEN: H/ M ID #: 9764	LABO0465-001 Group 1-Laborer	ST		3.33						3.33	26.12	12.85		129.77	43.33	85.12	98.46	47.29	26.70	257.57	855.07	
														1,112.64		OTHER DETAIL:	Ded.	Amt.				
Hernandez, Erick ETH/GEN: H/ M ID #: 2370	LABO0465-001 Group 1-Laborer	ST		3.33						3.33	26.12	12.85		129.77	43.33	78.33	91.83	43.51	24.57	238.24	785.64	
														1,023.88		OTHER DETAIL:	Ded.	Amt.				
Matamoros, Juan ETH/GEN: H/ M ID #: 6354	ENGI0324-006 Grp5 SawOperator	ST		3.33						3.33	26.12	12.85		129.77	34.33	87.23	99.24	36.81	27.37	250.65	889.58	
														1,140.23		OTHER DETAIL:	Ded.	Amt.				
Pedroza Rivera, Jonathan ETH/GEN: H/ M ID #: 8550	LABO0465-001 Group 1-Laborer	ST		1.12						1.12	26.12	12.85		43.64	37.48	68.56	100.14	38.09	27.37	234.16	662.11	
														896.27		OTHER DETAIL:	Ded.	Amt.				
Wyatt, Donald ETH/GEN: B/ M ID #: 6591	LABO0465-001 Group 1-Laborer	ST		1.12						1.12	26.12	12.85		43.64	37.48	70.45	58.25	39.14		167.84	753.04	
														920.88								

Date 02/11/2021

I, Laura McMann Payroll Administrator
(Name of signatory party) (Title)

do hereby state:

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

Scodeller Construction, Inc. on the
(Contractor or Subcontractor)
Merlo *82000-205935 NB SvcSfld; that during the payroll period commencing on the
(Building or Work)

6th day of December, 2020, and ending the 12th day of December 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

Scodeller Construction, Inc. 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 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 U.S.C. 3145), and described below:

FICA, Medicare, Federal/State/Local Withholding Taxes, Friend of Court MI 50% Limit

(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 appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship 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
	<u>Employees w/deduction of BENEFprovided</u>
	<u>with Health, Dental or Life Insurance</u>
	<u>Thru: Priority Health, Grand Rapids MI;</u>
	<u>Mutual of Omaha, Omaha NE;</u>
	<u>Superior Vision, Rancho Cordova CA;</u>
	<u>OR Fringe Benefits are Paid in Cash.</u>

REMARKS:

NAME AND TITLE
Laura McMann
Payroll Administrator

SIGNATURE

Laura McMann

Digitally signed by Laura McMann
Date: 2021.02.11 14:03:06 -05'00'

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.