From:	Forsberg, Kristen
To:	"Steve Williams"
Cc:	Davis, Debbie; Susan Zuscak
Subject:	RE: Public Records Request - Town of Leicester
Date:	Monday, February 26, 2018 9:10:00 AM
Attachments:	20180221115832736.pdf

HI Steve,

Pursuant to your request, attached please find the certified payrolls for Ralph's Blacksmith Shop. Please let me know if you have any questions. Thanks,

Kristen L. Forsberg Assistant to the Town Administrator Town of Leicester 3 Washburn Square Leicester, MA 01524 508-892-7000

From: Steve Williams [mailto:swilliams@iwlocal7.org]
Sent: Tuesday, February 20, 2018 8:16 AM
To: Forsberg, Kristen <forsbergk@leicesterma.org>
Subject: RE: Public Records Request - Town of Leicester

Thank you for getting back to me. I'm looking for the payrolls of the light iron company who installed Stairs & hand rails possibly fire escapes. It would be a file sub bid contractor under DCAMM, <u>Division of Capital Asset Management and Maintenance</u> Mass.gov Thank you, Steve. Feel free to call me 617-799-0832.

From: Forsberg, Kristen [mailto:forsbergk@leicesterma.org]
Sent: Thursday, February 15, 2018 8:11 AM
To: Steve Williams <<u>swilliams@iwlocal7.org</u>>
Subject: Public Records Request - Town of Leicester
Importance: High

Hi Stephen,

We are in receipt of your public records request dated February 7, 2018, received by our office on February 12, 2018. We require clarification on the following issues prior to processing your request:

- 1. Please clarify what you mean by "miscellaneous or Ornamental metal package"
- 2. Is there a specific contractor you are looking to receive certified payrolls from? We retain copies of all certified payrolls for the Fire & EMS project in our office.

Any information you can provide would be greatly appreciated. Thanks,

Kristen L. Forsberg Assistant to the Town Administrator Town of Leicester 3 Washburn Square Leicester, MA 01524 508-892-7000

In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form is available from the Department of Labor Standards (DLS) at <u>www.mass.gov/dols/pw</u> and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

On a weekly basis, every contractor and subcontractor is required to submit a certified copy of their weekly payroll records to the awarding authority; this includes the payroll forms and the Statement of Compliance form. The certified payroll records must be submitted either by regular mail or by e-mail to the awarding authority. Once collected, the awarding authority is required to preserve those records for three years from the date of completion of the project.

Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

	-	February 06, 2018
I, Jill A. Scott		Payroll Administrator
(Name of signatory party)		(Title)
do hereby state:		
That I pay or supervise	the payment of the	e persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksm		Leicester Fire & EMS Headquaters
(Contractor, subcontractor or public bo	ody)	(Building or Project)
and that all mechanics and apprentice said project have been paid in accords sections twenty-six and twenty-seven General Laws.	ance with wages d	etermined under the provisions of
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	Signature	

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MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

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Company's Name:			Address							Phone No.				Payroll No.:		Sold Sold	RE
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	alph's Blacksmi		36 Smith Stre Northampton,	n Stree Ipton,	et MA 01060	80				413-586-3535	3535				34		Collector Collector
Employer Signature:			Title:							Contract No:	No:	Tax Payer ID No	D No.	Work Week Ending:	k Ending:		
Sind	to to		Payroll	Payroll Administrator	strator					Leicester Fire & EMS	r Fire &			01/06/2018	8		
Awarding/Althority's Name:			Public V	Vorks Pr	olect Na	me:				Public W	orks Proje	Public Works Project Location:		Min. Wage	Min. Wage Rate Sheet Number	Number	1000 I 1000 I 1000
Town of Leicester, MA			Leicest	er Fire d	& EMS	Leicester Fire & EMS Headquaters	aters			Town of	Town of Leicester			SMJ 16-11			
General / Prime Contractor's Name:	: Name:		Subcon	Subcontractor's Name:	Name:							"Employer"	<u>Hourly Fringe</u>	"Employer" Hourly Fringe Benefit Contributions	tributions		
Builders Systems Inc.			SMJ Me	SMJ Metal Co.	Inc. db.	Inc. dba Ralph's Blacksmith Shop	s Blacks	smith Sh	do						[B+C+D+E]	[A×F]	
		Employee is	Appr.			Hours	Hours Worked			Project Hours (A)	Hourly Base	Health & Welfare	Pension	Supp. Unemp	Total Hourly Prev. Wage	Project Gross Wages (G)	-
Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Rate (%)	Su	Mo	Tu V	We Th	Ŀ	ß	All Other Hours	wage (B)	Q	Q	(E)	(F)	Total Gross Wages	Check No. (H)
No Work Performed.																	
Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	es identified ab	ove currently	y regist	ered wit	h the M	A DLS's	Divisio	n of App	irentice	Standard	s?		YES		No		
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.	ning work during artment of Labo	g the reportir r Standards	ng perio / Divisio	d, attac m of Ap	h a cop nrentic	y of the Stands	apprent rds.	ice iden	tificatior	i card issi	ned		Ň	apprentice	No apprentices are identified above	fied above	
Note: Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the	c. 149 s.27B, e l or e-mail. In a	every contraction, each	ctor and weekly	l subcor / payrol	Itractor	is requi	ed to su npanied	ubmita by a stá	true an atement	d accura of compl	<u>tte</u> copy c iance sigr	f their cert	fied weekly employer.	/ payroll re Failure to	cords to the comply may	awarding result in the	
commencement of a crimin	nal action or the	e issuance o	facivil	citation									Dat	e Received	Date Received by Awarding Authority	Authority	

Page 1 of 1

In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form is available from the Department of Labor Standards (DLS) at <u>www.mass.gov/dols/pw</u> and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

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Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

	February 06, 2018
Jill A. Scott	Payroll Administrator
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the pay	ment of the persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksmith Sho (Contractor, subcontractor or public body)	p on the <u>Leicester Fire & EMS Headquaters</u> (Building or Project)
and that all mechanics and apprentices, team	ith wages determined under the provisions of
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Sigr	nature $\int du du du du du du du du $
Title	e Payroll Administrator

SMJ Metal Co. Inc. dba Kalpris blacksmun Siop Employer Signature:	Ksmith 3	Shop	CHUSETTS W Address: 36 Smith Street Northampton, MA 010 Title: Pavroll Administrator	MASSACHUSETTS ith Shop 36 Smith Street Northampton, M/ Pavroll Administr						Phone No.: 413-586-350 Contract No: Leicester Fii	Phone No.: 413-586-3535 Contract No: Leicester Fire &	v 01060 Contract No: Leicester Fire &	DNo	Payroll No Work Wet	0:: 35 8k Ending: 18	LisenH ²⁴⁵¹	N REIDUR
Awarding Authority's Name: Town of Lafcester, MA			Public Works Project Name: Leicester Fire & EMS Headquaters	vorks Pl er Fire	r <u>oject N</u> & EMS	me: Headqu	aters			EMS Public/ Town o	EMS Public Works Proje Town of Leicester	EMS Public Works Project Location Town of Leicester		Min. Wage F SMJ 16-11	Min. Wage Rate Sheet Number SMJ 16-11	Number	
General / Prime Contractor's Name: Builders Systems Inc.			Subcontractor's Name: SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	tractor's etal Co.	Subcontractor's Name: SMJ Metal Co. Inc. db	a Ralph	's Black	smith S	Shop			"Employer"	Hourty Fring	"Employer" Hourly Fringe Benefit Contributions [8+C+D]	inbuitions [B+C+D+E]	[A X F]	
		Employee is OSHA 10	Appr. Rate			Hours	Hours Worked			Project Hours (A)	Hourly Base Wage	Health & Welfare	Pension	Supp. Unemp	Total Hourly Prev. Wage	Project Gross Wages (G) Total Gross	Che
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Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards? For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued	fied abc	we curren the report	thy regist ting perio	tered w od, atta	ith the l ch a co	VIA DLS py of the	's Divisi e apprer tards	on of A ntice id	pprentic entificati	e Standa on card i	irds? ssued		YES	vo apprenti	No apprentices are identified above	tified above	
by the Massachuetts Department of Labor ordinates of Dynamic of Dynamics Dynamics of the awarding Aurority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in t authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in t authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in t authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in t authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in t authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in t authority commencement of a criminal action or the issuance of a civil citation.	n Lator .27B, e ail. In ac n or the	otariuarus very contra ldition, eac issuance	actor an ch week of a civi	d subce ly payre I citatio	ontracto oll must n. Page	rr is requ be acco	irred to	submit ed by a	a <u>true (</u> stateme	and accu	<u>rrate</u> copy Ipliance si	of their ce gned by the	e employer	kly payroll i . Failure to ate Receive	tractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding tractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the page <u>1 of 1</u> <i>I</i>	e awarding y result in th g Authority /	a

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	-	February 06, 2018
I, Jill A. Scott (Name of signatory party)	,	Payroll Administrator (Title)
do hereby state:		
That I pay or supervise	the payment of the	e persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksm (Contractor, subcontractor or public be	<u>nith Shop</u> on the	Leicester Fire & EMS Headquaters (Building or Project)
and that all mechanics and apprentice said project have been paid in accord sections twenty-six and twenty-seven General Laws.	es, teamsters, chau lance with wages d	etermined under the provisions of
		N. A S.
	Signature	LAIN OUT

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Employer Signature:				Title: Decision Administrator	testor					l eiceste	r Fire &			01/20/2018	~		
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Awarding Authority's Name- Town of Leicester, MA			Leicest	Leicester Fire	& EMS Headquaters	leadqu	aters			Town of	Town of Leicester		-	SMJ 16-11			
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General / Prime contractors Name, Builders Systems Inc.	Name		W rws	SMJ Metal Co.	Inc. db	a Ralph	Inc. dba Raiph's Blacksmith Shop	smith S	dou						B+C+D+E	(A × F]	
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Employee Name & Complete Address	Work Classification:	OSHA 10 OSHA 10 Certified (?)	Rate (%)	Su	٩	1. 1.	We Th	· 년 	Sa	All Other Hours	(B)	(0)	0	Ð	(F)	Total Gross Wages	(H)
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NOTE: Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation. For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?

No apprentices are identified above

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Page 1 of 1

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	February 06, 2018
I, Jill A. Scott (Name of signatory party)	, <u>Payroll Administrator</u> (Title)
do hereby state:	
That I pay or supervise the pay	ment of the persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop (Contractor, subcontractor or public body)	p on the <u>Leicester Fire & EMS Headquaters</u> (Building or Project)
and that all mechanics and apprentices, team said project have been paid in accordance wi sections twenty-six and twenty-seven of chap General Laws.	ith wages determined under the provisions of
	Mind Dr. 4
Sign	nature

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	December 22, 2017
, Jill A. Scott , (Name of signatory party)	Payroll Administrator (Title)
to hereby state:	(1)
That I pay or supervise the paymen	t of the persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop Or (Contractor, subcontractor or public body)	the Leicester Fire & EMS Headquaters (Building or Project)
and that all mechanics and apprentices, teamsters said project have been paid in accordance with w sections twenty-six and twenty-seven of chapter of General Laws.	ages determined under the provisions of
	A.S. a.b. 14

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SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	alph's Blacksm	ith Shop	36 Smi Northai	36 Smith Street	t MA 01060	05				413-586-3535	-3535			.,	30		No.
Emplorer Signafilier			Title:							Contract No:	: No:	Tax Payer ID No.	ID No.	Work Week Ending:	k Ending:		
	4		Payroll	Payroll Administrator	strator					Leicest ⁶ EMS	Leicester Fire & EMS			12/09/2017	7		
Awarding Authority's Name:			Public	Public Works Project Name:	oject Na	me:				Public W	Vorks Proje	Public Works Project Location		Min. Wage	Min. Wage Rate Sheet Number	lumber	
Town of Leicester, MA			Leicest	Leicester Fire &	& EMS	EMS Headquaters	aters			Town o	Town of Leicester			SMJ 16-11	+		
General / Prime Contractor's Name	Name:		Subcor	Subcontractor's	Name:							"Employer"	Hourly Fringe	"Employer" Hourly Fringe Benefit Contributions	inibutions		
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John T. Moore 23 Justice Hill Rd Sterling, MA 01564	Ironworker	×		0	0	0	8	4	0	4	64.40	6.10	5.80	80	73.00	876.00 772.80	# 23695
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Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	ses identified a	bove curren	tly regis	tered wi	th the N	IA DLS'	s Divisic	n of Ap	prentice	: Standar	ds?		YES		o N		
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued	ning work durir	ig the report	ting peri	od, attai	ch a cop	oy of the	appren arde	tice ide	ntificatio	n card is	sued		Ż	o apprentic	No apprentices are identified above	ified above	
by the Massachuetts Department of Labor Standards / Division of Apprentice Companies. NOTE: Pursuant to MGL c. 149 s.278, every contractor and subcontractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding	aruneni oi Lau. . c. 149 s.27B.	every contri	actor an	d subco	Intractor	is requ	ired to s	ubmit a	true a	nd accur	<u>ate</u> copy	of their cer	tified week	ly payroll r∈	ecords to the	e awarding	
authority by first-class mail or e-mail. In addition, each weekly payroll	il or e-mail. In a	addition, eau	ch week	ly payro	ll must	oe acco	mpanie	d by a s	tatemer	t of com	oliance sig	ned by the	must be accompanied by a statement of compliance signed by the employer.	Failure to	Failure to comply may result in the	/ result in th	e [
commencement of a crimi	nal action or th	ie issuance	of a civi	I citatio	-i								Da	te Received	Date Received by Awarding Authority	j Authority	

Page 1 of 1

Date Received by Awarding A

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		January 08, 2018
I, Jill A. Scott (Name of signatory party)	,	Payroll Administrator (Title)
do hereby state:		
		ne persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksn (Contractor, subcontractor or public be	nith Shop_ on the ody)	Leicester Fire & EMS Headquaters (Building or Project)
and that all mechanics and apprentice said project have been paid in accord sections twenty-six and twenty-sever General Laws.	es, teamsters, cha lance with wages	determined under the provisions of
	Signature	Sina dut Bluelos
	Title	Payroll Administrator

Comnant's Name.			Address							Phone No.:	2.5			Payroll No.		043 043	
company s name. SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	liph's Blacksmi	th Shop	36 Smi Northai	36 Smith Street Northampton, MA 01060	t MA 0106	Ģ		-		413-586-3535	-3535				31		
Emplover Signature:			Title: Payroll	Title: Payroll Administrato	strator					Contract No: Leicester Fire &	r Fire &	Tax Payer ID No.	iD No.	Work Week Ending 12/16/2017	ik Ending: 17		
MICAR	J.				and the state of the state					EMS Brukito W	ave brote	EMS		Min. Wade	Min. Wage Rate Sheet Number	Number	
Awarding Authority's Name: Town of Leicester, MA			Leices	Public Works Project Leicester Fire & EM	& EMS I	Public Works Project Name: Leicester Fire & EMS Headquaters	ters			Town of	Town of Leicester			SMJ 16-11	Ξ		
	No.mor		Suhcon	Subcontractor's Name.	Name:							"Employer"	Hourty Fring	"Employer' Hourly Fringe Benefit Contributions	tributions		
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Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

	January 08, 2018
I,Jill A. Scott	Payroll Administrator
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the	he payment of the persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksmit (Contractor, subcontractor or public bod	th Shop on the <u>Leicester Fire & EMS Headquaters</u> (Building or Project)
and that all mechanics and apprentices said project have been paid in accorda	, teamsters, chauffeurs and laborers employed on nce with wages determined under the provisions of of chapter one hundred and forty nine of the
	Signature Qui abut 12/23/17

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		-	January 08, 2018
I	Jill A. Scott		Payroll Administrator
,	(Name of signatory party)	, , , , , , , , , , , , , , , , , , , ,	(Title)
do herel	by state:		
	That I pay or supervise the	ne payment of the	e persons employed by
	etal Co. Inc. dba Ralph's Blacksmit ontractor, subcontractor or public body		Leicester Fire & EMS Headquaters (Building or Project)
said pro	ject have been paid in accordants twenty-six and twenty-seven of	nce with wages d	ffeurs and laborers employed on letermined under the provisions of ndred and forty nine of the
		Signature	quadatt 12/30/17

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	-	November 13, 2017
I,Jill A. Scott (Name of signatory part	y) ,	Payroll Administrator (Title)
do hereby state:		
That I pay or superv	vise the payment of th	e persons employed by
SMJ Metal Co. Inc. dba Ralph's Blac (Contractor, subcontractor or public		Leicester Fire & EMS Headquaters (Building or Project)
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Page 1 of 1

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	December 08, 2017
Jill A. Scott	Payroll Administrator
(Name of signatory party)	(Title)
o hereby state:	
That I pay or supervise the payme	nt of the persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop (Contractor, subcontractor or public body)	on the <u>Leicester Fire & EMS Headquaters</u> (Building or Project)
and that all mechanics and apprentices, teamster aid project have been paid in accordance with sections twenty-six and twenty-seven of chapter General Laws.	wages determined under the provisions of
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commencement of a crimin	ad action or the	e issuance o	facivil	citation.	r			2	K) 1111 1111	•		e Received	Date Received by Awarding Authority	Authority	
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Employer Signature:	K TO L		Title: Payrol	ll Admin	Title: Payroll Administrator					Contract No: Leicester Fi EMS	<u>Contract No:</u> Leicester Fire & EMS	Tax Payer ID No	r ID No.	Work Week Ending 12/02/2017	KEnding: 17		
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	Signature <u>Auadutt</u>

Company's Name:			Address:	S:						Phone No.:	e No.:			Payroll No.:	<u></u>	504 504	RET
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	kalph's Blacksmi	ith Shop	36 Sm Northa	36 Smith Street Northampton, M	et MA 01060	090				413-5	413-586-3535				24		No. of Contraction
Employer/Signature:			Title:				(100 (000) (000)			Contr	Contract No:	Tax Payer ID No.	er ID No.	Work Week Ending	ek Ending:		
L'IN	A DF		Payrol	Payroll Administrator	istrator					Leice EMS	Leicester Fire & EMS			10/28/2017	17		
Awardhig Authority's Name.			Public	Works P	roject N	ame:				Public	Works Pro	Public Works Project Location	NSW NEW YORK	Min. Wag	Min. Wage Rate Sheet Number	Number	
່ຍ			Leices	Leicester Fire & EMS Headquaters	& EMS	Headq	uaters			Town	Town of Leicester	er		SMJ 16-11	11		
General / Prime Contractor's Name	s Name:		Subcon	Subcontractor's	s Name:	None in the second second						"Employe	"Employer" Hourly Fringe Benefit Contributions	ge Benefit Cor	tributions		
Builders Systems Inc.			W rws	SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	. Inc. dl	oa Ralp	h's Blac	ksmith	Shop						[B+C+D+E]	[A × F]	
		Employee is				Hour	Hours Worked	σ		Project Hours (A)		Health & Welfare	k Pension	Supp. Unemp	Total Hourly Prev. Wage	Project Gross Wages (G)	
Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Rate (%)	su	Mo	12	We	- 4	· 년	Sa Hours	er Wage (B)	<u>ତ</u>	(D)	(E)	(F)	Total Gross Wages	Check No. (H)
No Work Performed.																	
											_						
Are all apprentice employees identified above currently registered with	ses identified ab	ove current	ly regist	tered wit	th the h	AA DLS	''s Divis.	ion of ⊿	Apprenti	the MA DLS's Division of Apprentice Standards?	ards?		YES		N N		
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.	ming work during artment of Labor	g the reporti r Standards	ng peric / Divisit	od, attac on of At	ch a co pprentic	py of th se Stanc	e appre Jards.	ntice id	entifica	tion card	ssued		z	o apprentic	No apprentices are identified above	fied above	
NOTE: Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.	L c. 149 s.27B, é il or e-mail. In a inal action or the	every contra ddition, each e issuance o	ctor and h weekt f a civil	d subco ly payrol citation	ntracto Il must	r is requ be acc	uired to ompanie	submit ∋d by a	a <u>true</u> statem	and accu ent of cor	<u>urate</u> copy npliance si	/ of their ce gned by the	rtified week e employer.	Failure to	cords to the comply may	awarding result in th	a
		- - - - - -			Page	1 of 1	_						<u></u>	tte Received	Date Received by Awarding Authority /	Authority	
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In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form is available from the Department of Labor Standards (DLS) at <u>www.mass.gov/dols/pw</u> and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

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Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

		November 13, 2017
	Jill A. Scott	Payroll Administrator
	(Name of signatory party)	(Title)
do hereb	y state:	
	That I pay or supervise th	payment of the persons employed by
SMJ Met	al Co. Inc. dba Ralph's Blacksmit	Shop on the Leicester Fire & EMS Headquaters
(Coi	ntractor, subcontractor or public body	(Building or Project)
said proj	ect have been paid in accordar twenty-six and twenty-seven o	eamsters, chauffeurs and laborers employed on e with wages determined under the provisions of chapter one hundred and forty nine of the
		Signature <u>Ali Abut</u>

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Company's Name: SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	alph's Blacksmi	ith Shop	Address: 36 Smith	Address: 36 Smith Street	et L					Phone No.: 413-586-3	Phone No.: 413-586-3535			Payroll No. 23	23	No. 1	IE TO THE
Emplover Signature:			North Title:	Northampton, MA 01060 Title:	MA U1	260				Contract No:	st No:	Tax Paver ID No	· ID.No.	Work Week Ending	ik Endina:	5) -	
A P C RO	+TX		Payro	Payroll Administrator	istrator					Leices EMS	Leicester Fire & EMS			10/21/2017	17		
Awarding Authority's Name:			Public	Public Works Project Name:	roject N	ame:				Public	Public Works Project Location:	sct Location		Min. Wage	Min. Wage Rate Sheet Number	Number	
Town of Leicester, MA			Leices	Leicester Fire & EMS Headquaters	& EMS	Heado	uaters			Town	Town of Leicester	Ļ		SMJ 16-11			
General / Prime Contractor's Name	i Name:		Subco	Subcontractor's Name:	s Name:							"Employer	Hourly Fring	"Employer" Hourly Fringe Benefit Contributions	tributions		
Builders Systems Inc.			N MS	SMJ Metal Co.	Inc. di	ba Ralp	h's Blac	Inc. dba Ralph's Blacksmith Shop	Shop						[B+C+D+E]	A X FI	
		Emplovee is				Hour	Hours Worked			Project Hours (A)		Health & Weffare	Pension	Supp. Unemp	Total Hourly Prev. Wage	L & .	
Employee Name & Complete Address	Work Classification:	OSHÁ 10 Certified (?)	Rate (%)	Su	Mo	n T	Me	<u>ب</u>	Fr Sa	All Other Hours	(B) Mage	Q	0	E	(F)	Total Gross Wages	Check No. (H)
No Work									2000.001100 0000000000000000000000000000								
Performed.																	
Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	es identified ab	ove curren	tly regis	tered wi	th the N	A DLS	's Divis	on of A	pprentic	e Standaı	rds?		YES		NO		
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.	ning work during Intment of Labo	g the report r Standards	ing peri s / Divis	iod, atta ion of A	ch a col pprentic	oy of th e Stan	e appre lards.	ntice id	entificati	on card is	sued		Ż	o apprentic	No apprentices are identified above	ified above	
NOTE: Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in t commencement of a criminal action or the issuance of a civil citation.	c. 149 s.27B, e l or e-mail. In a nal action or the	every contra ddition, ead issuance	actor an ch week of a civi	nd subcc Ily payro	ntracto Il must	r is requi	uired to ompanie	submit id by a :	a <u>true (</u> stateme	and accu nt of com	<u>rate</u> copy pliance sig	of their cer ned by the	tified week employer.	ly payroll r∈ Failure to	tractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the	e awarding result in th	e –
					Page	<u>1 of 1</u>	1						D a	te Received	Date Received by Awarding Authority i	Authority /	

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		October 27, 2017
I,	Jill A. Scott	Payroll Administrator
	(Name of signatory party)	(Title)
lo hereb	y state:	
	That I pay or supervise the	e payment of the persons employed by
	al Co. Inc. dba Ralph's Blacksmith ntractor, subcontractor or public body	
aid proj	ect have been paid in accordance twenty-six and twenty-seven of	teamsters, chauffeurs and laborers employed on ce with wages determined under the provisions of chapter one hundred and forty nine of the
		Signature Au abut
		Title Payroll Administrator

Company's Name: SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	s Blacksmit		Address 36 Smith Northarr	Address: 36 Smith Street Northampton, MA 01060	t 1A 010	30				Phone No 413-586-3	Phone No.: 413-586-3535			Payroll No:	No.: 22	UNCETER S	A CARE
Employer Signature:			Title:							Contract No:	ct No:	Tax Pay	Tax Payer ID No.	Work	Work Week Ending:		
CALLA DUL	Ļ		Payroll	Payroll Administrator	strator					Leicest EMS	Leicester Fire & EMS			10/14/2017	2017	2012 AN A 1971 TAAL AND DO YOO WAY AN	2 11 1 11 11 11 11 11 11 11 11 11 11 11
Awarding Authority's Name:			Public V	Public Works Project Name:	oject Na	me:				Public	Public Works Project Location	ect Locatik	<u>in:</u>	Min. W	Min. Wage Rate Sheet Number	et Number	
Town of Leicester, MA			Leicest	ter Fire ¿	& EMS	Headqu	aters			Town	Town of Leicester	L .		SMJ 16-11	6-11		
General / Prime Contractor's Name:	le:		Subcon	Subcontractor's Name:	Name:							"Employ	r' Hourly Fri	nge Benefit I	"Employer" Hourly Fringe Benefit Contributions		
Builders Systems Inc.			SMJ M	SMJ Metal Co.	Inc. db.	a Ralph	Inc. dba Ralph's Blacksmith Shop	smith S	doų						[B+C+D+E]	E) [A×F]	
		Employee is	Appr.			Hours	Hours Worked			Project Hours (A)		Health & Welfare	& Pension	n Supp. Unemp	ISTANGE AND A	1 0	
Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Rate (%)	R	Mo	Tu 1	We Th	ڭ 	Sa	All Other Hours	(B)	0	ê	Ð	(F)	Total Gross Wages	Check No. (H)
No Work Performed.																	
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Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards? For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.	lentified abo work during ent of Labor	ve currently the reportin Standards /	/ regist: ig perio ' Divisio	ered witi d, attach n of Api	h the M 1 a cop: orentice	A DLS's / of the / Stands	s Divísio apprent ards.	in of Ap	prentice	Standar n card is	rds? sued		YES	No apprer	NO tices are ident	NO apprentices are identified above	
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STATEMENT OF CO	OMPLIANCE
	October 27, 2017
I, Jill A. Scott,,	Payroll Administrator (Title)
do hereby state:	
That I pay or supervise the payment of	the persons employed by
<u>SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop</u> on the (Contractor, subcontractor or public body)	Leicester Fire & EMS Headquaters (Building or Project)
and that all mechanics and apprentices, teamsters, cha said project have been paid in accordance with wages sections twenty-six and twenty-seven of chapter one l General Laws.	s determined under the provisions of
Signature Title	Payroll Administrator

		MASSACHUSETT	CHU	SETT		IEKL	≺ CE	RTIF	IED	PAYR	OLL RI	RECEIVED S WEEKLY CERTIFIED PAYROLL REPORT FORM	RECEIVED Port form	NOV 0 2 2017	2 2017		A CONTRACTOR
Company's Name:			Address:							Phone No.:	40.:			Pavroli No.:		rsn¥	RE
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	alph's Blacksmi	ith Shop	36 Smi	36 Smith Street	÷					413-586-3535	6-3535				21		C
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	14		Payroll	utte: Payroll Administrator	strator					Leicest FMS	<u>contract no:</u> Leicester Fire & FMS		NO.	10/07/2017	17		
Awardibo Authority's Name:			Public	Public Works Project Name:	oiect N:	me:				Public	Vorks Proie	Public Works Project Location:		Min. Wag	e Rate Sheet	Number	
Town of Leicester, MA			Leicest	Leicester Fire & EMS Headquaters	& EMS	Headqu	aters			Town o	Town of Leicester			SMJ 16-	SMJ 16-11		
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		Fmolovee is				Hours	Hours Worked			Project Hours (A)	Hourly Base	Health & Welfare	Pension	Supp. Unemp	Total Hourly Prev. Wage	0.	
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No Work Performed.											1 agilterian Aur						
Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards? For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issue	es identified ab sina work durinc	ove current the reporti	ly regist na perio	ered wit d. attac	h the M h a cop	A DLS's v of the	s Divisio apprent	n of Api ice ider	brentice	Standarı n card iss	ds? sued		γES	apprentic	NO es are ident	NO Apprentices are identified above	
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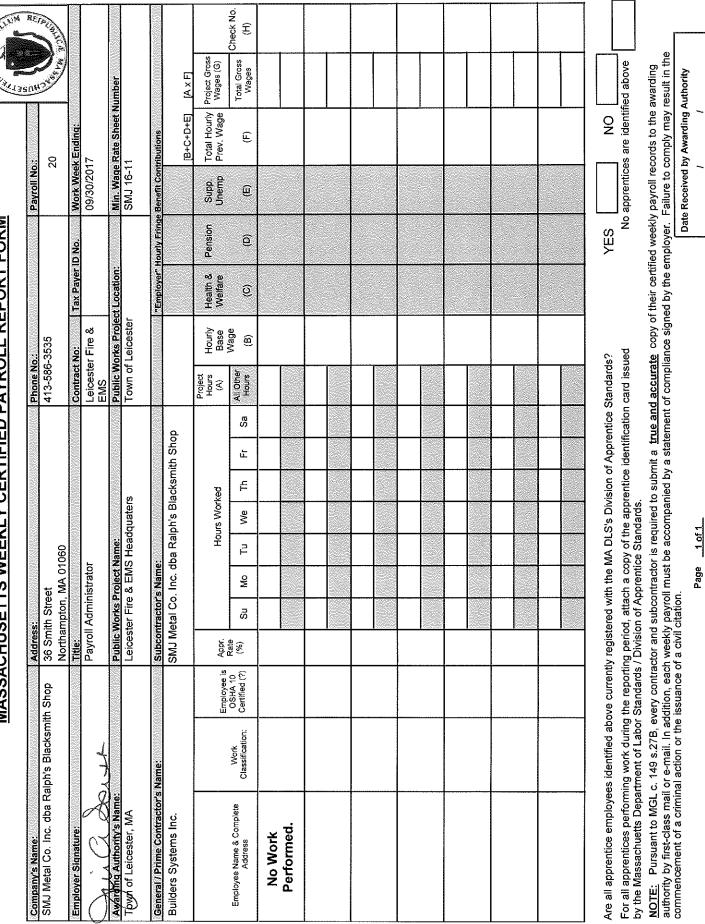
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STATEMENT OF (COMPLIANCE
	October 13, 2017
I, Jill A. Scott , (Name of signatory party)	Payroll Administrator (Title)
do hereby state:	(They)
That I pay or supervise the payment of	of the persons employed by
<u>SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop</u> on the (Contractor, subcontractor or public body)	he <u>Leicester Fire & EMS Headquaters</u> (Building or Project)
and that all mechanics and apprentices, teamsters, of said project have been paid in accordance with wag sections twenty-six and twenty-seven of chapter on General Laws.	ges determined under the provisions of
Signature . Title	Payroll Administrator

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MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form is available from the Department of Labor Standards (DLS) at <u>www.mass.gov/dols/pw</u> and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

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	October 03, 2017
I, Jill A. Scott , (Name of signatory party)	Payroll Administrator (Title)
do hereby state:	(100)
That I pay or supervise the payment	t of the persons employed by
<u>SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop</u> on (Contractor, subcontractor or public body)	the <u>Leicester Fire & EMS Headquaters</u> (Building or Project)
and that all mechanics and apprentices, teamsters, said project have been paid in accordance with was sections twenty-six and twenty-seven of chapter of General Laws.	ages determined under the provisions of
Signature	<u>Cricedult abolit</u>

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FORM			ID No.				Hourly Fringe		Pension	Ô		2.15									YES	No	fied weekly employer.	Dat
WEEKLY CERTIFIED PAYROLL REPORT FORM			Tax Payer ID No		Duble Worke Brolect coation:		"Employer"		Health & Welfare	ତ୍ର		5.39											of their certi ned by the (
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HUSE	Address:	36 Smith Street Northampton, MA	Title:	Payroll Administrator	Deble Merte Breiset Mana	Leicester Fire & El	Subcontractor's Name:	SMJ Metal Co. Inc.	br.	(%) (%)			tan () a tan								egistere	period, livision	r and si reekly p civil cit	
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Σ		Iph's Blacksmith		44			Name:			Work Classification:	Ironworker										es identified abov	ing work during t rtment of Labor 5	c. 149 s.27B, ev or e-mail. In add	
	Company's Name:	SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	Emplover Signature:	80.00		Town of Leicester, MA	General / Prime Contractor's Name.	Builders Systems Inc.		Employee Name & Complete Address	Michael A Flagg	952 Pinedale Ave Athol, MA 01331 xxx-xx-5040									Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued hy the Massachuetts Department of Lahor Standards / Division of Apprentice Standards	by the massachinetic of Labor or and and the massachinetic of the massac	

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		September 26, 2017
I,J	ill A. Scott	Payroll Administrator
(Name	of signatory party)	(Title)
do hereby state:		
That I	pay or supervise the	payment of the persons employed by
SMJ Metal Co. Inc. d	ba Ralph's Blacksmith S	hop on the Leicester Fire & EMS Headquaters
(Contractor, subco	ontractor or public body)	(Building or Project)
said project have be	en paid in accordance	amsters, chauffeurs and laborers employed on with wages determined under the provisions of hapter one hundred and forty nine of the
General Laws.		

		MASSACHUSETT	CHU	SETI		EEKI		ERTI	FIED	PAYI	S WEEKLY CERTIFIED PAYROLL REPORT FORM	REPO	RT FO	RN R				Caller M
Company's Name: SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	alph's Blacksmi	th Shop	Address: 36 Smith Northarr	Address: 36 Smith Street Northametor MA 01060	et MA 011	USO DA				Phon 413-	Phone No.: 413-586-3535				Payroll No.: 18		AND'S	REFACION AND
Employer Signature:			Title: Payrol	Title: Payroll Administrator	istrator	8				Leice	Contract No: Leicester Fire &		Tax Payer ID No.	<u>></u> 0	<u>Work Week Ending</u> 09/16/2017	Ending:		
Awarding Authority's Name:	+TA		Public	Works P	roject N	ame:				Public	EMS Public Works Project Location:	ject Loca	tion:	N	lin. Wage R	Min. Wage Rate Sheet Number	lumber	
Town of Leigester, MA			Leices	Leicester Fire & EMS Headquaters	& EMS	Headq	uaters			Towr	Town of Leicester	-e		0)	:MJ 16-11			
General / Prime Contractor's Name:	Name:		Subcol	Subcontractor's Name:	s Name:							"Emplo	yer" Hourly	Fringe B	"Employer" Hourly Fringe Benefit Contributions	outions		
Builders Systems Inc.			M M	SMJ Metal Co.		ia Ralpl	Inc. dba Ralph's Blacksmith Shop	ksmith	Shop							[B+C+D+E]	АхFI	
		Emplovee is				Hour	Hours Worked			Project Hours (A)	ct Hourly Base	Health & Welfare		Pension	Supp. T Unemp		<u> </u>	
Ĕmployee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Rate (%)	Su	Mo	10	Me	± د	Fr	All Other Hours		0		(D)	E)	(F)	Total Gross Wages	Check No. (H)
No Work Performed.																		
Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	es identified ab	ove current	ly regist	tered wi	th the N	NA DLS	's Divisi	on of A	pprentio	se Stand	ards?		Υ	YES.		N N		
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Labor Standards / Division of Apprentice Standards. NOTE: Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply <u>may</u> result in t	ing work during intment of Laboi c. 149 s.27B, ∈ l or e-mail. In a	g the reporti r Standards every contra ddition, eac	ng perid / Divísi ictor an	od, attac ion of A d subco ly payro	ch a col oprentic ntracto II must	oy of the e Stanc r is requ be acco	e apprel lards. lired to mpanie	ntice id submit id by a	entificat a <u>true</u> stateme	ion card and acc ent of col	issued <u>urate</u> copy npliance si	y of their igned by	certified w the emplo	no a reekly p ryer. Fa	pprentices ayroll reco tilure to co	No apprentices are identified above skly payroll records to the awarding r. Failure to comply may result in th	n a copy of the apprentice identification card issued prentice Standards. tractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the	0
commencement of a crimi	and action or the	e issuance o	of a civil	l citatior	l. Page	1 of 1								Date F	teceived by	Date Received by Awarding Authority	Authority	<u></u>
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		-	September 26, 2017
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(1)	lame of signatory party)	,	(Title)
do hereby state:			
TI	nat I pay or supervise t	he payment of the	e persons employed by
	nc. dba Ralph's Blacksmi subcontractor or public boc		Leicester Fire & EMS Headquaters (Building or Project)
said project hav	e been paid in accorda	nce with wages d	ffeurs and laborers employed on etermined under the provisions of ndred and forty nine of the
		Signature Title	Payroll Administrator

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	-	MASSACHUSETT	CHU		S W		<u>, </u>	ERTI	FIED	PAYF	S WEEKLY CERTIFIED PAYROLL REPORT FORM	EPORT	FORM				Station a
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SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	alph's Blacksm		36 Smi Northai	i Stree	it MA 01060	60				413-5	413-586-3535				17		Telever A
Employer Signature:			Title:							Contra	Contract No:	Tax Payer ID No	iD No.	Work Week Ending:	k Ending:		l l
4705.8	ŧ		Payroll	Payroll Administrator	strator					Leices EMS	Leicester Fire & EMS			09/09/2017	4		
Awarding Authority's Name:			Public h	Public Works Project Name:	oject N	ime:				Public	Public Works Project Location:	ict Location.		Min. Wage	Min. Wage Rate Sheet Number	lumber	
Town of Leicester, MA			Leicest	Leicester Fire & EMS Headquaters	& EMS	Headqu	laters			Town	Town of Leicester			SMJ 16-11			
General / Prime Contractor's Name:	Name:		Subcon	Subcontractor's	: Name:							"Employer"	Hourty Fringe	"Employer" Hourdy Fringe Benefit Contributions	inbutions		
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		Employee is	Appr.			Hours	Hours Worked	_		Project Hours (A)	Hourly Base	Heatth & Welfare	Pension	Supp. Unemp	~ ~	<u>م</u>	
Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Rate (%)	۶u	Mo	12	We	면	r Sa	All Other Hours	100000000000000	Q	ē	Ð	£	Total Gross Wages	Check No. (H)
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Sterling, MA 01564 xxx-xx-4995		×		0	0	ŵ	8	3.5 0	0	19.5	64.74	5.76	2.50	0.0	73.00	1923.69	# 23140
Christopher E Perigny	Ironworker			0	0	0	0	4.5 6.5	ۍ ٥	7						803.00	
Townsend, MA 01469 xxx-xx-3343		×		0	0	8	3	3.5 0	0 0	19.5	66.05	4.45	2.50	0.00	73.00	1963.65	# 23146
		-															
Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	es identified at	ove currently	y registi	ered wit	h the M	A DLS'	s Divisi	on of Al	oprentic	e Standa	ırds?		YES		NO		
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.	ning work durin rtment of Labo	g the reportir r Standards	10 perio	od, attac	h a cop prentice	y of the Stand	apprer ards.	ntice ide	sntificati	on card i	ssued		Ň	apprentice	No apprentices are identified above	fied above	
NOTE: Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.	c. 149 s.27B, or e-mail. In a val action or th	every contrac ddition, each s issuance or	ctor and t weekly f a civil	l subcoi y payroll citation.	itractor must t	is requ)e acco	ired to : mpanie	submit a d by a s	a <u>true a</u> statemei	nt of corr	ipliance sig.	of their cert ned by the	fied week) employer.	y payroll re Failure to c	tractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the Date Deceived by Awarding Authority	awarding result in the	_
					Page	1 of 1	I							e Received		Auronny	

RECEIVED OCT 0 5 20 WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

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do hereb	y state:	
	That I pay or supervise the	e payment of the persons employed by
	al Co. Inc. dba Ralph's Blacksmith ntractor, subcontractor or public body)	
said proj	ect have been paid in accordance twenty-six and twenty-seven of	teamsters, chauffeurs and laborers employed on ee with wages determined under the provisions of chapter one hundred and forty nine of the
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		REC MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM	CHUS	SETT	S WE	EKL	Y CE	RTIF	ED P	AYRO	DLL RE	EPORT	REC FORN		RECEIVED 0CT 0 5,2017	5-2017	Section 1
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SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	alph's Blacksm	ith Shop	36 Smi	36 Smith Street	+					413-586-3535	-3535				16		iacar
			Northar Tate:	Northampton, M	<u> </u>	30				Contract Mar.	No.	Tax Bauarin No		MICH MAR	Morb Mash Ending:	5	A N
Compose signature:			Payroll	Payroll Administrator	strator					Leicester Fire & EMS	r Fire &		- CAL	09/02/2017	17		
Awarding Authority's Name:			Public V	Vorks Pr	oject Na	me:				Public W	Public Works Project Location:	ct Locatior		Min. Wag	Min. Wage Rate Sheet Number	Number	
eicester, N			Leicest	er Fire (& EMS	Leicester Fire & EMS Headquaters	aters			Town of	Town of Leicester			SMJ 16-11	11		
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Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Rate (%)	Su	Mo	Tu	We Th	Ľ	Sa	All Other Hours	Wage (B)	G	ê	Ð	(F)	Total Gross Wages	Check No. (H)
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Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	ses identified at	bove current	ly registe	ered wit	h the M	A DLS's	Divisior	l of App	rentice	Standard	ŝ		YES		NO		
For all apprentices performing work during the reporting period, attach a copy of the appr by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.	ning work durin artment of Labo	g the reporti or Standards	ng perio / Divisic	d, attac on of Ap	h a cop prentice	/ of the standa	apprenti rds.	ce ident	ification	a copy of the apprentice identification card issued rentice Standards.	per		Z	o apprentic	No apprentices are identified above	ified above	
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commencement of a crimi	nal action or the	e issuance c	of a civil	citation.									L O	te Received	Date Received by Awarding Authority	Authority	
					Page	1 of 1									1	1	

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		August 10, 2017
I.	Jill A. Scott	Payroll Administrator
(Na	me of signatory party)	(Title)
do hereby state:		
The	t I pay or supervise the pa	ment of the persons employed by
	z. dba Ralph's Blacksmith She bcontractor or public body)	p on the <u>Leicester Fire & EMS Headquaters</u> (Building or Project)
said project have	been paid in accordance w	sters, chauffeurs and laborers employed on ith wages determined under the provisions of pter one hundred and forty nine of the
	Sig	nature <u>Juaket</u>
	Titl	e /Payroll Administrator

RECEIVED AUG 15 2017

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

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Company's Name:			Address:	10						Phone No.	No.:			Payroll No.:		J.	TETT
SWU WELAL CO. INC. UDA KAIPU'S DIACKSITILITI STOP	kaipii s piacksmu		so sm Northa	50 Smith Street Northampton, N	et MA 01060	60				413-52	413-580-3535				15		No.
Employer Signature:			Title:		10001066655665		A REPAIRED AND			Contract No:	ct No:	Tax Payer ID No	ID No.	Work Week Ending	k Ending:		
C in C	th		Payroll	Payroll Admini	strator					Leices EMS	Leicester Fire & EMS			07/29/2017	7		<u> </u>
Awarding Authority's Name:			Public	Works P	rolect N	me	ALCONTRACTOR AND A			Public	Public Works Project Location:	ct I ocation		Min. Wade	Min. Wage Rate Sheet Number	lumber	
Town of Leicester, MA			Leices	Leicester Fire & EMS Headquaters	& EMS	Headqu	laters			Town	Town of Leicester			SMJ 16-11	1		
General / Prime Contractor's Name	s Name:		Subcor	Subcontractor's Name:	Name:							"Employer"	 "Employer" Hourly Fringe Benefit Contributions	e Benefit Cont	ributions		
Builders Systems Inc.			W rws	SMJ Metal Co.	lnc. db	a Ralpt	Inc. dba Ralph's Blacksmith Shop	(smith (Shop						[B+C+D+E]	[A × F]	
		Employee is	Appr.			Hours	Hours Worked			Project Hours (A)		Health & Welfare	Pension	Supp. Unemp	Total Hourly Prev. Wage	Project Gross Wages (G)	
Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Kate (%)	Su	Mo	Tu	We T	Th F	Fr Sa	All Other Hours	(B)	Q	Q	(E)	(F)	Total Gross Wages	Check No. (H)
No Work Performed.																	
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			5		Page	1 of 1	1							e Received I	Date Received by Awarding Authority	Authority	
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<u>SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop</u> on the other of the other of the other ot	he Leicester Fire & EMS Headquaters (Building or Project)
and that all mechanics and apprentices, teamsters, of said project have been paid in accordance with wag sections twenty-six and twenty-seven of chapter on General Laws.	ges determined under the provisions of
Signature _ Title _	Payroll Administrator

Interview Contract No: Tax Paver ID No. Work Week Endine. ration Lelesser Fire & Lelesser Fire & Diversity France OT/22/2017 Diversity France Exthaner: Public Works Project Location: Min. Wage Rate Sheet Number Min. Wage Rate Sheet Number Cub Tru< We Th Fr Supplement France Cub Tru We Th Fr Supplement France Cub Tru We Th Fr Supplement France Cub Tru We Th Fr Supplement France Alous Worked Th Fr Supplement France France Alous Worked Th Fr Supplement France	Company's Name: SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop		Address: 36 Smith Street Northampton. M	s: th Stree noton.	st MA 01060	60				Phone No.: 413-586-3	Phone No.: 413-586-3535			Payroll No	14		NETPUS
Re & OT/22/2017 EProject Location: Min. Wage Rate Sheet Number Costert SMU 16-11 Costert Supp. Temployer Total Goss Radie Cost (Costerted) Radie	Employer Signature:		Title:			NON NEW YORK	AUGA CARACTER AND A DATA			Contrat	:1 No:	Tax Pavel	r ID No.	JANGER We	ek Ending:		
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Jage (c) (b) (c) (c) <th></th> <th>Employee is</th> <th>Appr.</th> <th></th> <th></th> <th>Hours</th> <th>Worked</th> <th></th> <th></th> <th>Project Hours (A)</th> <th></th> <th>Health & Welfare</th> <th></th> <th>Supp. Unemp</th> <th>Total Hourly Prev. Wage</th> <th>Project Gross Wages (G)</th> <th></th>		Employee is	Appr.			Hours	Worked			Project Hours (A)		Health & Welfare		Supp. Unemp	Total Hourly Prev. Wage	Project Gross Wages (G)	
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	Page <u>1 of 1</u>				Page	1 of 1	I							te Keceivec	by Awaronig	/	

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Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

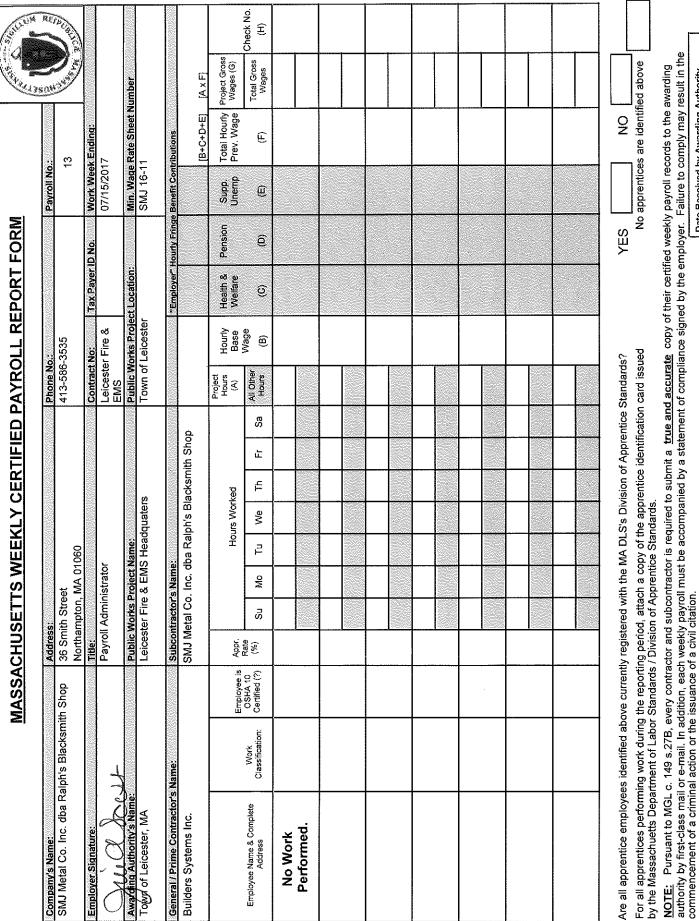
	August 10, 2017
I,Jill A. Scott	Payroll Administrator
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the p	payment of the persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksmith S	
(Contractor, subcontractor or public body)	(Building or Project)
	amsters, chauffeurs and laborers employed on
	with wages determined under the provisions of
sections twenty-six and twenty-seven of cl General Laws.	hapter one hundred and forty nine of the
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MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Date Received by Awarding Authority

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STATEMENT OF CO	OMPLIANCE
	July 13, 2017
I, Jill A. Scott,	Payroll Administrator (Title)
do hereby state:	
That I pay or supervise the payment of	the persons employed by
<u>SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop</u> on the (Contractor, subcontractor or public body)	Leicester Fire & EMS Headquaters (Building or Project)
and that all mechanics and apprentices, teamsters, cha said project have been paid in accordance with wages sections twenty-six and twenty-seven of chapter one l General Laws.	s determined under the provisions of
Signature Title	Ale aber 4- 7/8/17 Payroll Administrator

3lacksmith Shop	ess:				10010220012220000	Apple and a second s		20100000000000000000000000000000000000		ANDIDU0001 (10510)22.552	Contraction of the second s			
	36 Smith Street	et					Phone No.: 413-586-3535	o.: -3535			Lavroll No.	12		RETPLAT
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	Public Works Project Name	Project Na	ame:				Public W	lorks Proje	Public Works Project Location:		Min. Waq	Min. Wage Rate Sheet Number	Number	
	Leicester Fire & EMS Headquaters	& EMS	Headqu	laters			Town of	Town of Leicester	L		SMJ 16-11	11		
General / Prime Contractor's Name:	Subcontractor's Name:	s Name:							"Employer	Temployer'' Hourly Fringe Benefit Contributions	l le Benefit Cor	tributions		
	SMJ Metal Co.	. Inc. db	a Ralph	's Black	Inc. dba Ralph's Blacksmith Shop	doy						[B+C+D+E]	(A × F)	
			Hours	Hours Worked			Project Hours (A)	Hourly Base	Health & Welfare	Pension	Supp. Unemp	Total Hourly Prev. Wage	0	
Employee Name & Complete Work OSHA 10 Rate Address Classification: Certified (?) (%)	Su	Mo		We Th	н Ч	Sa	All Other Hours	Wage (B)	0	e	Q	E	Total Gross Wages	Check No. (H)
No Work Performed.														
Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	stered wi	ith the M	N DLS's	s Divisio	n of App	orentice	Standard	s?		YES		ov V		
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.	riod, atta sion of A	ch a cop oprentice	y of the Stand	apprent ards.	tice iden	tificatior	n card iss	ned		Ź	o apprentic	No apprentices are identified above	tified above	
<u>NOTE:</u> Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the	nd subco kly payro	I must t	is requi	red to s npanied	ubmita Ibyasti	true an atement	d accura of compl	<u>ite</u> copy c liance sigr	of their cer red by the	tified week employer.	ly payroll re Failure to	scords to the comply may	e awarding y result in the	\$
commencement of a criminal action or the issuance of a civi	vil citatior). Page	1 of 1							Da	te Received	Date Received by Awarding Authority I	J Authority I	

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STATEMENT OF C	OMPLIANCE
	July 10, 2017
I,Jill A. Scott ,,	Payroll Administrator
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of	the persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop on the	
(Contractor, subcontractor or public body)	(Building or Project)
and that all mechanics and apprentices, teamsters, cl said project have been paid in accordance with wage sections twenty-six and twenty-seven of chapter one General Laws.	s determined under the provisions of
Signature Title	Payroll Administrator

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Company's Name			Address	.,						Phon	Phone No :			Pavroll No.	20	(350) (350)	54 RF
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Employer Signature:			Title:	000000000000000000000000000000000000000			NUMBER OF BELLEVILLE	000000000000000000000000000000000000000		Contr	Contract No:	Tax Payer ID No.	st ID No.	Work Week Ending:	ek Ending:		
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Builders Systems Inc.			SMJ Metal Co.	etal Co	. Inc. d	oa Ralp	Inc. dba Ralph's Blacksmith Shop	cksmith	Shop						[B+C+D+E]	[A × F]	
	-	Ëmployee is				Hou	Hours Worked	ą		Project Hours (A)		Health & Weirare	Pension	Supp. Unemp	Total Hourly Prev. Wage	a.	
Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Kate (%)	Su	Mo	Tu	We	Th I	F S	Sa Hours	er Wage s (B)	0	<u>(</u> 0	Ð	(F)	Total Gross Wages	Check No. (H)
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Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	es identified ab	ove current	ly regist	ered w	ith the I	AA DLS	s's Divis	ion of ₽	Vpprenti	ce Stand	ards?		YES		N		
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachinetts Department of Lahor Standards / Division of Apprentice Standards	ning work during	g the reporti r Standards	ng peric / Divisir	od, atta	ch a co nnrenti	py of th Stan	e appre dards	intice id	entifica	tion card	issued		ž	o apprentic	No apprentices are identified above	ified above	
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commencement of a crimit	nal action or the	e issuance c	of a civil	citatio	۔ ج	•							Da	te Received	Date Received by Awarding Authority	Authority	

Page 1 of 1

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	July 10, 2017
I,Jill A. Scott	Payroll Administrator
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise th	ne payment of the persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksmit (Contractor, subcontractor or public body	
said project have been paid in accordan	, teamsters, chauffeurs and laborers employed on nee with wages determined under the provisions of f chapter one hundred and forty nine of the
	Signature <u>Dei a Soutt</u> Cebulit Title Payroll Administrator

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りいる	That		Payroll	Payroll Administrator	strator					Leicester Fire & EMS	r Fire &			06/24/2017	17		
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Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Rate (%)	su	Mo	Tu	We Th	Ŀ	Sa	All Other Hours	Wage (B)	Q	ê	(E)	(F)	Total Gross Wages	Check No. (H)
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Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	es identified ab	ove currently	y registe	ered with	the M.	A DLS's	Divisior	i of App	rentice	Standard	25		YES		ON [
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.	ing work auring	g the reportin r Standards /	19 perio: / Divisio	d, attaci n of Api	n a copy orentice	/ of the a	apprenti rds.	ce ideni	ification	card ISSI	peq		0Z	apprentice	No apprentices are identified above	fied above	
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Page 1 of 1

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	July 10, 2017
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do hereby state:	
That I pay or supervise the payment of	the persons employed by
<u>SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop</u> on the (Contractor, subcontractor or public body)	Contract Con
and that all mechanics and apprentices, teamsters, ch said project have been paid in accordance with wages sections twenty-six and twenty-seven of chapter one General Laws.	s determined under the provisions of
Signature Title	Payroll Administrator

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Are all apprentice employees identified above currently registered	es identified ab	ove current	ly regist	ered wi	th the N	A DLS	's Divis	ion of A	pprentí	with the MA DLS's Division of Apprentice Standards?	ards?		YES		NO		
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Lahor Standards / Division of Apprentice Standards	ing work during	the reporti	ng peric / Divisir	id, attac	th a cop	tach a copy of the app Apprentice Standards	e appre	ntice ide	entifical	ion card i	ssued		No	apprentice	No apprentices are identified above	fied above	
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commencement of a crimir.	ial action or the	e issuance c	nfa civil	citation	Page	1 of 1							Date	e Received I	Date Received by Awarding Authority	Authority	

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That I pay or supervise the payment of	the persons employed by
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and that all mechanics and apprentices, teamsters, cha said project have been paid in accordance with wages sections twenty-six and twenty-seven of chapter one I General Laws.	determined under the provisions of
Signature Title	Payroll Administrator

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MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



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Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	es identified ab	ove current	ly regist	ered wi	th the N	IA DLS'	s Divisi	on of Ap	prentice	s Standan	ds?		YES		NO		
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.	ning work during atment of Labor	g the reporti vr Standards	ing perio	od, attac on of At	sh a col porentic	y of the e Stand	apprer ards.	ntice ide	Intificatic	on card is:	sued		Š	apprentice	No apprentices are identified above	fied above	
NOTE: Pursuant to MGL c. 149 s. 27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.	. c. 149 s.27B, (it or e-mail. In a nal action or the	every contra iddition, eac e issuance c	ictor and h weekt of a civil	d subco y payro citation	ntracto Il must	is requ	ired to : mpanie	submit s d by a s	a <u>true a</u> tatemer	nd accur It of comp	<u>ate</u> copy (liance sign	of their certi aed by the (fied weekly smployer.	y payroll rec Failure to c	cords to the a	awarding result in the	
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Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

	STATEMI	ENT OF C	OMPLIANCE
			June 13, 2017
I,	Jill A. Scott (Name of signatory party)		Payroll Administrator (Title)
do hereb			(110)
	That I pay or supervise the	he payment of	the persons employed by
	tal Co. Inc. dba Ralph's Blacksmi ntractor, subcontractor or public bod		Leicester Fire & EMS Headquaters (Building or Project)
said pro	ject have been paid in accordant twenty-six and twenty-seven of	nce with wages	auffeurs and laborers employed on determined under the provisions of hundred and forty nine of the
		Signature Title	Jú (1) JOH 6/3/F Payroll Administrator

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	_,	<u>MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM</u>	CHU	SET	N N	TEK	L Z	ERT		D PA	/ROL	LREI	PORT	FORM			S States	Colores .
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SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	alph's Blacksm	ith Shop	36 Sm Northa	36 Smith Street Northampton, MA 01060	et MA 01	060				4	413-586-3535	35				7		Torra Torra
Emplover Signature:			Title:	A REALIZATION						Cor	Contract No:		Tax Payer ID No.	D No.	Work Week Ending:	k Ending:		
CALLO &	ナナン、		Payrol	Payroll Administrator	istrator					Leice EMS	Leicester Fire & EMS				06/03/2017	7		
Awarding Authority's Name:			Public	Norks P	roject 1	lame:				Put	olic Works	s Project	Public Works Project Location:		Min. Wage	Rate Sheet N	Number	
Town of Leicester, MA			Leices	Leicester Fire & EMS Headquaters	& EMS	Head	juaters			To	Town of Leicester	cester			SMJ 16-1	SMJ 16-11		
General / Prime Contractor's Name	s Name:		Subcor	Subcontractor's Name:	s Name							•	Employer' H	ourly Fringe	"Employer" Hourly Fringe Benefit Contributions	ributions		
Builders Systems Inc.			W NWS	etal Co	. Inc. d	oa Ralp	SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	cksmith	l Shop							[B+C+D+E]	[A × F]	
		Employee is				Hour	Hours Worked	q		5 H 3	Project Hours (A) B		Health & Welfare	Pension	Supp. Unemp	Total Hourly Prev. Wage	Project Gross Wages (G)	
Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Hate (%)	Su	Ŵ	ŗ	We	٩	<u>لت</u>	Sa All Hc	All Other Hours	(B)	ତ	(D)	Û	(F)	Total Gross Wages	Check No. (H)
No Work Performed.																		
Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards? For all apprentices methrming work during the remoting period, attach a conviot the apprentice identification card issue	es identified ab aine work durine	oove current	ly regist na nerio	ered wi	th the I	AA DLS	's Divis e annre	ion of / ntice in	Appren: Ientific:	tice Stan	idards? d issued			YES	annrentice			
by the Massachuetts Department of Labor Standards / Division of Apprentice Standards. NOTE: Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding	irtment of Labo c. 149 s.27B, e	r Standards every contra	/ Divisio	on of Ap	prention	se Stan	dards. Jared to	submit	atrue	e and ac	curate	copy of t	heir certifi	ed weekly	payroll rec	cords to the	awarding	
authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.	l or e-mail. In a nal action or the	ddition, eacl e issuance c	n weekl of a civil	y payro citation	ll must	be acc	ompanie	ed by a	staten	nent of c	omplianc	e signe(1 by the er	nployer. † Date	-allure to c	er. Failure to comply may result in Date Received by Awarding Authority	result in the Authority	<u> </u>
					Page	1 of 1	_							1	1	· · · · · · · · · · · · · · · · · · ·		

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	STATEME	NT OF CON	MPLIANCE
		-	June 02, 2017
I,	Jill A. Scott (Name of signatory party)	,	Payroll Administrator (Title)
do heret	by state:		
	That I pay or supervise the	e payment of the	persons employed by
	tal Co. Inc. dba Ralph's Blacksmith ontractor, subcontractor or public body		Leicester Fire & EMS Headquaters (Building or Project)
said pro	ject have been paid in accordance twenty-six and twenty-seven of	ce with wages de	feurs and laborers employed on etermined under the provisions of adred and forty nine of the
		Signature Title	Au a butt Payroll Administrator

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	-	<u>MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM</u>	CHU	SETI	S W	EEK	ZCI _≺	RTI	FIED	PAYR	OLL RI	EPORT	FORM				Call Control of the second
Company's Name:			Address:	:						Phone No.:	lo.:			Payroll No.:		i Sinv rsnv	RE
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	alph's Blacksm	ith Shop	36 Smi Northa	36 Smith Street Northampton, MA 01060	et MA 01(90				413-58	413-586-3535				5		No.
Employer Signature:			Title:				010000000000000000000000000000000000000			Contract No:	t No:	Tax Payer (D No.	ID No.	Work Week Ending	k Ending:		
MIL DAR	+		Payroll	Payroll Administrator	istrator					Leicest EMS	Leicester Fire & EMS			05/20/2017	7		
Awarding Authority's Name:			Public \	Norks P	roject N	ame:				Public	Vorks Proje	Public Works Project Location:		Min. Wage	Min. Wage Rate Sheet Number	Number	
Town of Leicester, MA			Leicest	er Fire	& EMS	Leicester Fire & EMS Headquaters	laters			Town o	Town of Leicester			SMJ 16-11	-		
General //Prime/Contractor's Name	Name:		Subcon	Subcontractor's Name:	s Name:							"Employer"	Houdy Fringe	ا Temployer* Hourly Fringe Benefit Contributions	ributions		
Builders Systems Inc.			W rws	SMJ Metal Co.		a Ralpł	Inc. dba Ralph's Blacksmith Shop	smith	Shop						B+C+D+E	Α×Ε	
		Employee is	Appr.			Hours	Hours Worked			Project Hours (A)	Hourly Base	Health & Welfare	Pension	Supp. Unemp		Project Gross Wages (G)	
Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Rate (%)	٦S	ω	j,	We T	Th Fr	r Sa	All Other Hours	(B)	Q	ē	(E)	(F)	Total Gross Wages	Check No. (H)
No Work Performed.											a fattoreserve						
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Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	es identified ab	ove current	y registe	ered wil	th the N	A DLS'	s Divisio	n of Aţ	prentice	Standard	ls?		ΥES		ON N		
For all apprentices performing work during the reporting period, attach a copy of the appr by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.	iing work during rtment of Labo	g the reporting reporting the second se	/ Divisic	d, attac	th a cop prentic	y of the e Stand	appren ards.	tice ide	ntificatio	a copy of the apprentice identification card issued rentice Standards.	sued		N	apprentice	No apprentices are identified above	ied above	
NOTE: Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the	c. 149 s.27B, (l or e-mail. In a	every contraction, each	ctor and weekly	subcol	I must I	is requ	red to s mpanie	ubmit a Iby a s	tatemen	t of comp	<u>ate</u> copy o liance sign	f their certif led by the e	fied weekly smployer.	' payroll red Failure to c	cords to the comply may	awarding result in the	
commencement of a crimir	ial action or the	e issuance o	facivil	citation	. 1								Date	e Received t	Date Received by Awarding Authority	Authority	
					Page	1 of 1	ł							1	1		

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Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF (COMPLIANCE
	June 02, 2017
I, Jill A. Scott,,,	Payroll Administrator (Title)
do hereby state:	
That I pay or supervise the payment o	of the persons employed by
<u>SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop</u> on the (Contractor, subcontractor or public body)	ne Leicester Fire & EMS Headquaters (Building or Project)
and that all mechanics and apprentices, teamsters, c said project have been paid in accordance with wag sections twenty-six and twenty-seven of chapter one General Laws.	es determined under the provisions of
Signature _ Title _	Payroll Administrator

Company's Name:	Address:					Phone No.:	No.:			Payroll No.:	No.:	rs av	i Surrey
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	36 Smith Street Northampton, MA 01060	et <u>MA 0106</u>	0			413-5	413-586-3535				9		
	Tritle: Pavroll Administrator	ietrator		10 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19		Contr	Contract No:	8	<u>Tax Payer ID No.</u>	05/27/2017	<u>Work Week Ending:</u> 06/07/0047		
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Awarging Authority's Name: Town of Leicester, MA	Public Works Project Name: Leicester Fire & EMS Hea	Roject Nar & EMS ⊢	<u>ject Name:</u> EMS Headquaters	LIS .		Fublic Town	Public Works Proje Town of Leicester	Public Works Project Location: Town of Leicester	ï	Min. Wage F SMJ 16-11	Min Wage Rate Sheet Number SMJ 16-11	t Number	
General / Prime Contractor's Name:	Subcontractor's	s Name:						Employe	se' Hourty Er	-Emotover" Houdy Ennoe Benefit Contributions	ontributions		
Builders Systems Inc.	SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	. Inc. dba	Ralph's E	3lacksmit	h Shop						[B+C+D+E]	A×FI	
Employee is			Hours Worked	rked		Project Hours (A)	ļ	/ Health & Welfare	& Pension	n Supp. Unemp		a."	si c
Employee Name & Complete Work OSHA 10 Address Classification: Certified (?)	Kate (%) Su	- M	Tu We	<u>۴</u>	Fr Sa	All Other A Hours	B Age	ି ତି 	Ê	E	(F)	Total Gross Wages	Check No. (H)
No Work Performed.													
Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	tly registered wi	th the MA	DLS's Di	vision of .	Apprentic	ce Stands	rds?		YES		No No		
For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued No apprentices are identified above by the Massachuetts Department of Labor Standards / Division of Apprentice Standards. NOTE: Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the	ting period, atta s / Division of Al actor and subco ch weekly payro	ch a copy oprentice ntractor is Il must be	of the ap Standard s required accompa	prentice i s. to submi unied by a	dentificat t a <u>true</u> i stateme	ion card i and accu ent of com	ssued <u>irate</u> copy pliance si	/ of their ce gned by th	rtified wee e employe	No apprent skly payroll r. Failure t	No apprentices are identified above ekly payroll records to the awarding rr. Failure to comply may result in th	itified above e awarding y result in th	e e
ommencement of a criminal action or the issuance	of a civil citatior							•		late Receive	Date Received by Awarding Authority	a Authority	

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STATEMENT OF	COMPLIANCE
	May 22, 2017
I, Jill A. Scott , (Name of signatory party)	Payroll Administrator (Title)
do hereby state:	
That I pay or supervise the payment	of the persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop on the (Contractor, subcontractor or public body)	the <u>Leicester Fire & EMS Headquaters</u> (Building or Project)
and that all mechanics and apprentices, teamsters, said project have been paid in accordance with wa sections twenty-six and twenty-seven of chapter of General Laws.	ges determined under the provisions of
Signature Title	Payroll Administrator

Tax Payer ID No.	rator	Public Works Project Name: Public Works Project Location: Mint. Waye Nate Street Nut Leicester Fire & EMS Headquaters Town of Leicester SMJ 16-11		Project Project Project Acutry Health & Rension Total Hourly Project Gross Hours Worked (A) Base Welfare Unemp Prev. Wage Wages (G)	Su Mo Tu We Th Fr Sa All Other Wage (B) (C) (D) (E) (F) Wages				
SMJ Metal Co. inc. dba Ralph's Blacksmith Shop 36 S SMJ Metal Co. inc. dba Ralph's Blacksmith Shop 36 S North	Kutt	AwardMg Authority's Name: Town/of Leicester, MA	General / Prime Contractor's Name: Su Su Builders Systems Inc.		Employee Name & Complete Vvork Controver IS Rate OSHA 10 Rate Address Classification: Centified (?) (%)	No Work Performed.			

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	May 22, 2017
I. Jill A. Scott	Payroll Administrator
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment	t of the persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop on	
(Contractor, subcontractor or public body)	(Building or Project)
and that all mechanics and apprentices, teamsters	, chauffeurs and laborers employed on
said project have been paid in accordance with w	· · · · ·
sections twenty-six and twenty-seven of chapter of	one hundred and forty nine of the
General Laws.	
Signature	. Chu (i. Jout
Title	Payroll Administrator

Company's Name:			Address:	\$S:						Pho	Phone No.:		and the street	1000	Payroll No.:	a na shi ka ka kate	504 504	RE
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	kalph's Blacksm	nith Shop	36 Sm North:	36 Smith Street Northamoton_MA_01060	et MA 01	060				413	413-586-3535				7	4		A LANK CA
Employer Signature			Title.					Sector Sector		Con	Contract No:	100	Tax Payer ID No	10000	Work Week Ending:	(Ending:		
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Town of Leicester, MA			Leices	Leicester Fire & EMS Headquaters	& EM	S Head	quaters			Том	Town of Leicester	ster			SMJ 16-11	_		
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Builders Systems Inc.			N MS	SMJ Metal Co. I). Inc. d	ba Ralp	inc. dba Ralph's Blacksmith Shop	cksmith	i Shop							[B+C+D+E]	(A × F)	
		Employee is				Ноц	Hours Worked	g		Project Hours (A)			Health & Pe Welfare	Pension	Supp. Unemp		<u> </u>	
Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Rate (%)	Su	Mo	Tu	We	꾸	Ŀ	Sa Al Other Sa Hours	ther wage ins (B)		0	ි	(E)	(F)	Total Gross Wages	Check No. (H)
No Work Performed.																		
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Are all apprentice employees identified above currently registered with	ses identified ab	oove current	ly regist	tered w	ith the I	AA DLS	s's Divis	ion of ∕	Apprent	the MA DLS's Division of Apprentice Standards?	lards?	х	→	YES		NON		
For all apprentices performing work during the reporting period, attach a copy of the apprentice of the second of the second	ning work during	g the reporti	ng perio	od, atta	ch a co	py of th	e appre	ntice id	lentifica	a copy of the apprentice identification card issued	issued			No a	pprentice:	No apprentices are identified above	ied above	
by the massacritetus Department of Labor Stationards / Division of Apprentice Stationaus. <u>NOTE:</u> Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in t commencement of a criminal action or the issuance of a civil citation.	a timeri ut Laud - c. 149 s.27B, (il or e-mail. In a nal action or the	every contra every contra addition, each e issuance o	r Livisi ictor and h weekl of a civil	d subco y payro citation	pprenu antracto Il must	r is required	uired to ompanio	submit ed by a	a <u>true</u> staterr	e and acc	urate cop mpliance s	y of thei igned by	r certified / the empl	weekly p oyer. Fa Date F	ayroll rec allure to co teceived b	ekty payroll records to the awardin er. Failure to comply may result in Date Received by Awarding Authority	y payroll records to the awarding Failure to comply may result in the te Received by Awarding Authority	
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	May 05, 2017
I,Jill A. Scott	, Payroll Administrator
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the p	payment of the persons employed by
SMJ Metal Co. Inc. dba Ralph's Blacksmith S	
(Contractor, subcontractor or public body)	(Building or Project)
•••	amsters, chauffeurs and laborers employed on with wages determined under the provisions of hapter one hundred and forty nine of the
Si	gnature Juickbest 4/22/17

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Company's Name:			Address	S:	XI//002/V25/10					Phone No.:	No.:			Payroll No.	0.:	sov	RE
SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	alph's Blacksm	ith Shop	36 Sm Northa	36 Smith Street Northampton, M	et MA 01060	090				413-5	413-586-3535				£		
Employer Signature:			Title:						1000 (1999) (1990) (1990)	Contr	Contract No:	Tax Payer ID No.	er ID No.	Work Wei	Work Week Ending:		10. March (620) 11500 55
Will Jey.	f		Payrol	l Admin	Payroll Administrator					Leice EMS	Leicester Fire & EMS			04/22/2017	17		
Awarding Authority's Name:			Public	Works F	roject N	ame:				Public	Public Works Project Location	ect Locatio		Min. Wag	e Rate Sheet P	Vismber	
Town of Leicester, MA			Leicester Fire & EMS Headquaters	ter Fire	& EMS	Headq	uaters			Town	Town of Leicester	er		SMJ 16-	SMJ 16-11		
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Builders Systems Inc.			SMJ Metal Co.	etal Co	. Inc. dt	la Ralp	Inc. dba Ralph's Blacksmith Shop	ksmith	Shop							۲۵ ۲۷	
	(Employee is	Appr.			Hour	Hours Worked	ъ		Project Hours (A)		Health & Welfare	Pension	Supp. Unemp	Total Hourly Prev. Wage	Ω.	
Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Kate (%)	Su	Mo	- n L	Me		ъ S	Sa Al Other Sa Hours	(B)	Q	ê	ũ	(F)	Total Gross Wages	Check No. (H)
Jeremy Gates 113 Christian Lane	Ironworker	;		0	0	- -	0	0	0	10						729.80	
Whately, MA 01373 xxx-xx-3061		×		٥	0	0	0	0	7.5 C	0 7.5	70.05	0.0	2.93	0.0	72.98	1119.83	# 22316
Thomas J. Novotny 41 Moosebrook Road	Ironworker	>		0	0	-	თ	0	0	0 10						730.00	
Southampton, MA 01073 xxx-xx-3828		×		0	S	0	0	0 7	7.5 0	12.5	70.50	0.0	2.50	8.	73.00	1403.88	# 22328
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ц.												raman Kons Rangkon Ko Rangson Rang					
Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?	es identified ab	ove currently	registe	ered wit	h the N	A DLS'	s Divisio	on of Al	pprentic	e Standa	ds?		YES		NO		
For all apprentices performing work ouring the reporting period, attach a copy of the apprentice identification card issued by the Massachuetts Department of Labor Standards / Division of Apprentice Standards.	ng work during tment of Labor	The reportin Standards /	g perio(Divisio	d, attac n of Ap	h a cop prentic	y of the Stand	appren ards.	ntice ide	entificati	on card is	sued		ž	o apprentice	No apprentices are identified above	ied above	
NOTE: Pursuant to MGL c. 149 s.27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a compliance signed by the employer.	o. 149 s.27B, e or e-mail. In ac al action or the	very contrac Idition, each	tor and weekly	subcol payrol	Itractor must b	is requ e acco	ired to s mpanie	submit a d by a s	a <u>true</u> : stateme	and accul	<u>ate</u> copy (oliance sigi	of their cer ned by the	ified weekt employer.	y payroll re Failure to c	cords to the a	awarding result in the	
				citation	Page	1 of 1							Dat	te Received	Date Received by Awarding Authority	Authority	
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In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form is available from the Department of Labor Standards (DLS) at <u>www.mass.gov/dols/pw</u> and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

On a weekly basis, every contractor and subcontractor is required to submit a certified copy of their weekly payroll records to the awarding authority; this includes the payroll forms and the Statement of Compliance form. The certified payroll records must be submitted either by regular mail or by e-mail to the awarding authority. Once collected, the awarding authority is required to preserve those records for three years from the date of completion of the project.

Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

			May 05, 2017
I,	Jill A. Scott	,	Payroll Administrator
	(Name of signatory party)		(Title)
do hereb	by state:		
	That I pay or supervise	the payment of	the persons employed by
	tal Co. Inc. dba Ralph's Blacksm		
	ntractor, subcontractor or public bo	•••	(Building or Project)
			auffeurs and laborers employed on s determined under the provisions of
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SMJ Metal Co. Inc. dba Ralph's Blacksmith Shop	alph's Blacksm	ith Shop	36 Smith Northam	Audress: 36 Smith Street Northampton. MA 01060	et MA 01	090				413-	Phone No.: 413-586-3535			Payroll No.	2		RETADA
Employer Signature:			Trile:			A New York				Cont	Contract No:	Tax Paver ID No.	er ID No.	Work Wee	Work Week Ending:	\$,
and	4		Payrol	Payroll Administrator	listrator					Leice EMS	Leicester Fire & EMS			04/29/2017	17		
Awarding Authority's Name:			Public	Public Works Project Name:	roject l	lame:				Indug	c Works Pro	Public Works Project Location:	n:	Min Waor	Min Wage Rate Sheet Numher	Viimher	(CANADA MARKAN)
Town of Leicester, MA			Leices	ter Fire	& EMS	Head	Leicester Fire & EMS Headquaters			Towr	Town of Leicester	er		SMJ 16-11	1		
General / Prime Contractor's Name.	Name:		Subcontractor's Name:	Itractor	s Name							"Employe	"Employer" Hourty Eringe Banefit Contributions	a Ranefit Con	frihutione		
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Employee Name & Complete Address	Work Classification:	OSHA 10 Certified (?)	Rate (%)	ns	Mo	Τu	We	Ę	노	Sa Hours	eer Mage	<u>ତ୍</u>	ê	Û	(F)	Total Gross Wages	Check No. (H)
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by the wassacritetts Department of Labor Standards / Division of Apprentice Standards. NOTE: Pursuant to MGL c. 149 s.278, every contractor and subcontractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the	ment of Labor 149 s.27B, e or e-mail. In ad	standards / very contrac Idition, each	tor and weekly	n of Ap subcoi payrol	prentic ntractor I must I	e Stand is requise acco	lards. ired to mpanie	submit a od by a s	a <u>true</u> stateme	and accu ent of con	irate copy ipliance si <u>c</u>	of their cer jned by the	tified weekly emplover.	/ payroll rec Failure to c	ords to the ∉ omplv mav r	awarding result in the	
confinencement of a cumuna	al action or the	issuance of	a civil	citation	Page	1 of 1	ſ					1	Dat	e Received t	Date Received by Awarding Authority	Authority	[
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