

**The Sherwin-Williams Company
Building Our Future HQ Project**

Wrap Up Monthly Payroll Report Form

This form should be completed by the 10th of the month

Subcontractor/ Lower-Tier Subcontractor Information

Company Name: _____

Sub Of: _____

Final Payroll: Y/N _____

Payroll Month _____

Year 20 _____

Contract # _____
(if applicable)

Classification	Class Code	On-Site Payroll Amount	On-Site Hours

- ❖ Earnings for overtime should be included only at straight time hourly rates. Overtime HOURS should be shown but do not include the extra wages paid for Overtime hours.
- ❖ On-Site Payroll \$: should only include the unburdened wages (the same as your “normal” insurance payroll reporting).

I CERTIFY THAT THE INFORMATION REPORTED ABOVE IS TRUE, ACCURATE AND COMPLETE. NOT REPORTING PAYROLL INFORMATION COULD AFFECT YOUR EXPERIENCE MODIFICATION RATING WITH THE APPLICABLE WORKERS’ COMPENSATION INSURANCE RATING BUREAU(s).

Signature

Date

Printed Name

Title

This form is to be submitted via fax/email:

Wrap Up Insurance Solutions

Attention: Leslie Cassert, Program Administrator
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St. Louis, MO 63017
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