

CERTIFIED PAYROLL REPORT

CONTRACTOR OR SUBCONTRACTOR										ADDRESS														
COMPLETE MECHANICAL SERVICES INC										2551 DUKANE DR STE A2, ST CHARLES, IL 60174														
PAYROLL NO.					FOR WEEK ENDING					PROJECT AND LOCATION														
5					10/30/2023					West Sewage Treatment Plant Improvements - City of Crest Hill, Crest Hill, IL														
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	1 Hire	2 Sec. 3	3 Income	4 Status	5 Gender	5 Ethnic	WORK CLASSIFICATION	DAY AND DATE								TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	DEDUCTIONS					NET WAGES PAID FOR WEEK
								S	M	T	W	T	F	S	FICA				WITHHOLD TAX	STATE	OTHER	TOTAL DEDUCT		
								10/29	10/30	10/24	10/25	10/26	10/27	10/28										
								HOURS WORKED DAILY																
DANIEL J SEELEY 23507 W DUPAGE COURT PLAINFIELD, IL 60544 358-70-6612	12/26/1993			J	M	M	SU	O								0.00	0.00	0.00	0.00	0.00	0.00	0.00		
								T																
MATTHEW P TIBERI 1415 S PRINCETON AVE ARLINGTON HTS, IL 60005 327-88-5835	10/6/2022			J	M	M	LA	O								0.00	0.00	0.00	0.00	0.00	0.00	0.00		
								T																
RUBEN N VALENCIA 71 SONORA DR MONTGOMERY, IL 60538 349-64-8172	8/30/2023			J	M	H	LA	O								0.00	0.00	0.00	0.00	0.00	0.00	0.00		
								T																
ROGER RADKIEWICZ 520 HERITAGE CT ST CHARLES, IL 60175 328-78-1189	11/14/2022			J	M	W	LA	O								0.00	0.00	0.00	0.00	0.00	0.00	0.00		
								T																
CHRISTOPHER A TERREL 322 HILL AVE N AURORA, IL 60542 355-82-2503	7/22/2019			J	M	W	LA	O								0.00	0.00	0.00	0.00	0.00	0.00	0.00		
								T																
ALEXANDER R GARRETT 2045 MARLOWE BLVD ST CHARLES, IL 60174 349-92-6063	9/1/2022			A	M	W	AP	O								0.00	0.00	0.00	0.00	0.00	0.00	0.00		
								T																

1. DATE OF HIRE	
2. IDENTIFIED SECTION 3 RESIDENT	TOTAL HRS. (COMBINED) THIS PAGE
3. AFFIDAVIT FOR SECTION 3 NEW HIRES	
4. STATUS	TOTAL HRS. (COMBINED) CHICAGO RESIDENT
5. GENDER	
6. ETHNIC GROUP	TOTAL HRS. (COMBINED) NON-RESIDENT

STATEMENT OF COMPLIANCE

DATE: November 2, 2023

I, Michael J. Wagner, President
(Name of signatory party) (Title)

Do hereby state:

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

Complete Mechanical Services, Inc. on the West Sewage Treatment Plant
(Contractor) (Building or Work)

Improvements - City of Crest Hill project;
that during the payroll period commencing on 10/24/23
and ending on 10/30/23, all persons employed on said project have been paid the
full weekly wages earned, that no rebates have been or will be made either directly
or indirectly to or on behalf of said

Complete Mechanical Services, Inc. from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than
permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A),
issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat.
948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:

- (2) That any payrolls otherwise under the contract required to be submitted
for the above period are correct and complete; that the wage rates for
laborers or mechanics contained therein are not less than the applicable
wage rates contained in any wage determination incorporated into the
contract, that the classifications set forth therein for each laborer or
mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are registered with the
Bureau of Apprenticeship and Training, United States Department of
Labor.

(4) That:

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

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed
in the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefits of such
employer, except as noted in Section 4 © below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

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

c. EXCEPTIONS

EXCEPTIONS (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE	SIGNATURE
Michael J. Wagner, President	Michael Wagner
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	

CERTIFIED PAYROLL REPORT

CONTRACTOR OR SUBCONTRACTOR										ADDRESS															
COMPLETE MECHANICAL SERVICES INC										2551 DUKANE DR STE A2, ST CHARLES, IL 60174															
PAYROLL NO.					FOR WEEK ENDING					PROJECT AND LOCATION															
6					11/6/2023					West Sewage Treatment Plant Improvements - City of Crest Hill, Crest Hill, IL 60403															
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	1 Hire	2 Sec. 3	3 Income	4 Status	5 Gender	5 Ethnic	WORK CLASSIFICATION		DAY AND DATE								TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	DEDUCTIONS					NET WAGES PAID FOR WEEK
									S	M	T	W	T	F	S	FICA				WITHHOLD TAX	STATE	OTHER	TOTAL DEDUCT		
									11/5	11/6	10/31	11/1	11/2	11/3	11/4										
HOURS WORKED DAILY																									
DANIEL J SEELEY 23507 W DUPAGE COURT PLAINFIELD, IL 60544 358-70-6612	12/26/1993			C	M	M	SU	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
									S T																
MATTHEW P TIBERI 1415 S PRINCETON AVE ARLINGTON HTS, IL 60005 327-88-5835	10/6/2022			C	M	M	LA	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
									S T																
RUBEN N VALENCIA 71 SONORA DR MONTGOMERY, IL 60538 349-64-8172	8/30/2023			C	M	H	LA	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
									S T																
								O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
									S T																
CHRISTOPHER A TERREL 322 HILL AVE N AURORA, IL 60542 355-82-2503	7/22/2019			C	M	H	LA	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
									S T																
ALEXANDER R GARRETT 2045 MARLOWE BLVD ST CHARLES, IL 60174 349-92-6063	9/1/2022			A	M	W	AP	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
									S T																

1. DATE OF HIRE	
2. IDENTIFIED SECTION 3 RESIDENT	TOTAL HRS. (COMBINED) THIS PAGE
3. AFFIDAVIT FOR SECTION 3 NEW HIRES	
4. STATUS	TOTAL HRS. (COMBINED) CHICAGO RESIDENT
5. GENDER	
6. ETHNIC GROUP	TOTAL HRS. (COMBINED) NON-RESIDENT

STATEMENT OF COMPLIANCE

DATE: November 9, 2023

I, Michael J. Wagner, President
(Name of signatory party) (Title)

Do hereby state:

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

Complete Mechanical Services, Inc. on the West Sewage Treatment Plant
(Contractor) (Building or Work)

Improvements - City of Crest Hill project;
that during the payroll period commencing on 10/31/23
and ending on 11/6/23, all persons employed on said project have been paid the
full weekly wages earned, that no rebates have been or will be made either directly
or indirectly to or on behalf of said

Complete Mechanical Services, Inc. from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than
permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A),
issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat.
948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:

- (2) That any payrolls otherwise under the contract required to be submitted
for the above period are correct and complete; that the wage rates for
laborers or mechanics contained therein are not less than the applicable
wage rates contained in any wage determination incorporated into the
contract, that the classifications set forth therein for each laborer or
mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are registered with the
Bureau of Apprenticeship and Training, United States Department of
Labor.

(4) That:

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

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed
in the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefits of such
employer, except as noted in Section 4 © below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

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

c. EXCEPTIONS

EXCEPTIONS (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE	SIGNATURE
Michael J. Wagner, President	Michael Wagner
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CERTIFIED PAYROLL REPORT

CONTRACTOR OR SUBCONTRACTOR										ADDRESS																			
COMPLETE MECHANICAL SERVICES INC										2551 DUKANE DR STE A2, ST CHARLES, IL 60174																			
PAYROLL NO.					FOR WEEK ENDING					PROJECT AND LOCATION																			
7					11/13/2023					West Sewage Treatment Plant Improvements - City of Crest Hill, Crest Hill, IL 60403																			
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	1 Hire	2 Sec. 3	3 Income	4 Status	5 Gender	5 Ethnic	WORK CLASSIFICATION		DAY AND DATE								TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	DEDUCTIONS					NET WAGES PAID FOR WEEK				
									S	M	T	W	T	F	S						FICA	WITHHOLD TAX	STATE	OTHER		TOTAL DEDUCT			
									11/12	11/13	11/7	11/8	11/9	11/10	11/11	HOURS WORKED DAILY													
DANIEL J SEELEY 23507 W DUPAGE COURT PLAINFIELD, IL 60544 358-70-6612	12/26/1993						SU	O T									0.00	0.00	61.96	4.74	8.80	3.10	2.23	18.87	43.09				
							S T							1		1.00	61.96												
MATTHEW P TIBERI 1415 S PRINCETON AVE ARLINGTON HTS, IL 60005 327-88-5835	10/6/2022						LA	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
							S T									0.00	54.25												
RUBEN N VALENCIA 71 SONORA DR MONTGOMERY, IL 60538 349-64-8172	8/30/2023						LA	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
							S T									0.00	54.25												
								O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
							S T									0.00													
CHRISTOPHER A TERREL 322 HILL AVE N AURORA, IL 60542 355-82-2503	7/22/2019						LA	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
							S T									0.00	56.25												
ALEXANDER R GARRETT 2045 MARLOWE BLVD ST CHARLES, IL 60174 349-92-6063	9/1/2022						AP	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
							S T									0.00	27.63												

1. DATE OF HIRE	
2. IDENTIFIED SECTION 3 RESIDENT	TOTAL HRS. (COMBINED) THIS PAGE
3. AFFIDAVIT FOR SECTION 3 NEW HIRES	
4. STATUS	TOTAL HRS. (COMBINED) CHICAGO RESIDENT
5. GENDER	
6. ETHNIC GROUP	TOTAL HRS. (COMBINED) NON-RESIDENT

STATEMENT OF COMPLIANCE

DATE: November 16, 2023

I, Michael J. Wagner, President
(Name of signatory party) (Title)

Do hereby state:

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

Complete Mechanical Services, Inc. on the West Sewage Treatment Plant
(Contractor) (Building or Work)

Improvements - City of Crest Hill project;
that during the payroll period commencing on 11/7/23
and ending on 11/13/23, all persons employed on said project have been paid the
full weekly wages earned, that no rebates have been or will be made either directly
or indirectly to or on behalf of said

Complete Mechanical Services, Inc. from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than
permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A),
issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat.
948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:

- (2) That any payrolls otherwise under the contract required to be submitted
for the above period are correct and complete; that the wage rates for
laborers or mechanics contained therein are not less than the applicable
wage rates contained in any wage determination incorporated into the
contract, that the classifications set forth therein for each laborer or
mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are registered with the
Bureau of Apprenticeship and Training, United States Department of
Labor.

(4) That:

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

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed
in the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefits of such
employer, except as noted in Section 4 © below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

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

c. EXCEPTIONS

EXCEPTIONS (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE	SIGNATURE
Michael J. Wagner, President	Michael Wagner
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	

CERTIFIED PAYROLL REPORT

CONTRACTOR OR SUBCONTRACTOR										ADDRESS															
COMPLETE MECHANICAL SERVICES INC										2551 DUKANE DR STE A2, ST CHARLES, IL 60174															
PAYROLL NO.					FOR WEEK ENDING					PROJECT AND LOCATION															
8					11/20/2023					West Sewage Treatment Plant Improvements - City of Crest Hill, Crest Hill, IL 60403															
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	1 Hire	2 Sec. 3	3 Income	4 Status	5 Gender	5 Ethnic	WORK CLASSIFICATION		DAY AND DATE								TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	DEDUCTIONS					NET WAGES PAID FOR WEEK
									S	M	T	W	T	F	S	FICA				WITHHOLD TAX	STATE	OTHER	TOTAL DEDUCT		
									11/19	11/20	11/14	11/15	11/16	11/17	11/18										
									HOURS WORKED DAILY																
DANIEL J SEELEY 23507 W DUPAGE COURT PLAINFIELD, IL 60544 358-70-6612	12/26/1993			C	M	M	SU	O T									0.00	0.00	61.96	4.74	8.68	3.10	2.23	18.75	43.21
														1			1.00	61.96							
MATTHEW P TIBERI 1415 S PRINCETON AVE ARLINGTON HTS, IL 60005 327-88-5835	10/6/2022			C	M	M	LA	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
																	0.00	54.25							
RUBEN N VALENCIA 71 SONORA DR MONTGOMERY, IL 60538 349-64-8172	8/30/2023			C	M	H	LA	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
																	0.00	54.25							
								O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
																	0.00	0.00							
CHRISTOPHER A TERREL 322 HILL AVE N AURORA, IL 60542 355-82-2503	7/22/2019			C	M	H	LA	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
																	0.00	56.25							
ALEXANDER R GARRETT 2045 MARLOWE BLVD ST CHARLES, IL 60174 349-92-6063	9/1/2022			A	M	W	AP	O T									0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
																	0.00	27.63							

1. DATE OF HIRE	
2. IDENTIFIED SECTION 3 RESIDENT	TOTAL HRS. (COMBINED) THIS PAGE
3. AFFIDAVIT FOR SECTION 3 NEW HIRES	
4. STATUS	TOTAL HRS. (COMBINED) CHICAGO RESIDENT
5. GENDER	
6. ETHNIC GROUP	TOTAL HRS. (COMBINED) NON-RESIDENT

STATEMENT OF COMPLIANCE

DATE: November 22, 2023

I, Michael J. Wagner, President
(Name of signatory party) (Title)

Do hereby state:

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

Complete Mechanical Services, Inc. on the West Sewage Treatment Plant
(Contractor) (Building or Work)

Improvements - City of Crest Hill project;
that during the payroll period commencing on 11/14/23
and ending on 11/20/23, all persons employed on said project have been paid the
full weekly wages earned, that no rebates have been or will be made either directly
or indirectly to or on behalf of said

Complete Mechanical Services, Inc. from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than
permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A),
issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat.
948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:

(2) That any payrolls otherwise under the contract required to be submitted
for the above period are correct and complete; that the wage rates for
laborers or mechanics contained therein are not less than the applicable
wage rates contained in any wage determination incorporated into the
contract, that the classifications set forth therein for each laborer or
mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are registered with the
Bureau of Apprenticeship and Training, United States Department of
Labor.

(4) That:

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

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed
in the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefits of such
employer, except as noted in Section 4 © below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

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

c. EXCEPTIONS

EXCEPTIONS (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE	SIGNATURE
Michael J. Wagner, President	Michael Wagner
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CERTIFIED PAYROLL REPORT

CONTRACTOR OR SUBCONTRACTOR										ADDRESS														
COMPLETE MECHANICAL SERVICES INC										2551 DUKANE DR STE A2, ST CHARLES, IL 60174														
PAYROLL NO.					FOR WEEK ENDING					PROJECT AND LOCATION														
9					11/27/2023					West Sewage Treatment Plant Improvements - City of Crest Hill, Crest Hill, IL 60403														
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	1 Hire	2 Sec. 3	3 Income	4 Status	5 Gender	5 Ethnic	WORK CLASSIFICATION		DAY AND DATE							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	DEDUCTIONS					NET WAGES PAID FOR WEEK
									S	M	T	W	T	F	S				FICA	WITHHOLD TAX	STATE	OTHER	TOTAL DEDUCT	
									11/26	11/27	11/21	11/22	11/23	11/24	11/25									
HOURS WORKED DAILY																								
DANIEL J SEELEY 23507 W DUPAGE COURT PLAINFIELD, IL 60544 358-70-6612	12/26/1993			C	M	M	SU	O T								0.00	0.00	123.92	9.48	15.34	6.20	4.46	35.48	88.44
									S T		2													
MATTHEW P TIBERI 1415 S PRINCETON AVE ARLINGTON HTS, IL 60005 327-88-5835	10/6/2022			C	M	M	LA	O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
									S T															
RUBEN N VALENCIA 71 SONORA DR MONTGOMERY, IL 60538 349-64-8172	8/30/2023			C	M	H	LA	O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
									S T															
								O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
									S T															
CHRISTOPHER A TERREL 322 HILL AVE N AURORA, IL 60542 355-82-2503	7/22/2019			C	M	H	LA	O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
									S T															
ALEXANDER R GARRETT 2045 MARLOWE BLVD ST CHARLES, IL 60174 349-92-6063	9/1/2022			A	M	W	AP	O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
									S T															

1. DATE OF HIRE	
2. IDENTIFIED SECTION 3 RESIDENT	TOTAL HRS. (COMBINED) THIS PAGE
3. AFFIDAVIT FOR SECTION 3 NEW HIRES	
4. STATUS	TOTAL HRS. (COMBINED) CHICAGO RESIDENT
5. GENDER	
6. ETHNIC GROUP	TOTAL HRS. (COMBINED) NON-RESIDENT

STATEMENT OF COMPLIANCE

DATE: November 30, 2023

I, Michael J. Wagner, President
(Name of signatory party) (Title)

Do hereby state:

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

Complete Mechanical Services, Inc. on the West Sewage Treatment Plant
(Contractor) (Building or Work)

Improvements - City of Crest Hill project;
that during the payroll period commencing on 11/21/23
and ending on 11/27/23, all persons employed on said project have been paid the
full weekly wages earned, that no rebates have been or will be made either directly
or indirectly to or on behalf of said

Complete Mechanical Services, Inc. from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than
permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A),
issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat.
948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:

- (2) That any payrolls otherwise under the contract required to be submitted
for the above period are correct and complete; that the wage rates for
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wage rates contained in any wage determination incorporated into the
contract, that the classifications set forth therein for each laborer or
mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are registered with the
Bureau of Apprenticeship and Training, United States Department of
Labor.

(4) That:

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

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed
in the above referenced payroll, payments of fringe benefits as listed in the contract
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employer, except as noted in Section 4 © below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

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

c. EXCEPTIONS

EXCEPTIONS (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE	SIGNATURE
Michael J. Wagner, President	Michael Wagner
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	