 **Payroll Appointment Affidavit** ITD 1800 (Rev. 06-17)

itd.idaho.gov

**Note: This form is only required when the U.S. Department of Labor Form WH-347 is not used for certified payrolls.**

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| State of |  | ) |  |
|  |  | ) | § |
| County of |  | ) |  |

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| --- | --- | --- |
| By my (our) signature below, I (we) |  | |
|  | Contractor Business Name | |
| do hereby certify under penalty of perjury pursuant to the law of the State of Idaho that the following is true and correct, that being, the following individual | | |
|  | | is an employee and that s/he is in a |
| Authorized Individual’s Printed Name | |  |
| position to have full knowledge of the facts set forth on certified payroll forms with respect to wages due and paid to each person employed by the said Contractor (Subcontractor), and has authority to execute payroll  affidavit forms which are to be attached to each weekly payroll for the construction of the following project: | | |
| Project | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| Contractor Printed Name | Title | |
|  |  | |
| Contractor Signature | | Date Signed |
|  | |  |

The above affidavit shall be filed with the first affidavit with respect to wages paid to employees.

In the event of a change in the officer or employee who supervises the payment of employees, a similar affidavit shall be immediately filed.

In the event that the Contractor or Subcontractor is a corporation, such affidavit shall be executed by its president or vice-president. In the event that the Contractor or Subcontractor is a partnership, such affidavit shall be executed by a member of the firm.