PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR OR SUB CONTRACTOR	CONTRACTORS LICENSE # / SPECIALTY LICENSE #	ADDRESS
PAYROLL # / FOR WEEK ENDING	SELF-INSURED CERTIFICATE # / WORKERS' COMPENSATIONS #	PROJECT / CONTRACT #

1 NAME, ADDRESS & SSN OF EMPLOYEE	2 # OF WITH HOLDING EXEMPTIONS	3 WORK CLASSIFICATION		7 DAYS HOURS WORKED EACH DAY M	T	W	TH	F	S	S	5 TOTAL HOURS	6 HOURLY RATE OF PAY	7 GROSS AMOUNT EARNED	8 DEDUCTIONS, CONTRIBUTIONS & PAYMENTS								9 NET WGS PAID FOR WEEK	CHECK #
													THIS PROJECT / ALL PROJECT	FED TAX	SSN	STATE TAX	SDI	VAC/HOL	HEALTH & WELF	PENSION		
			S								0										0.00	
													0	TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL		
			O								0									0.00		
													THIS PROJECT / ALL PROJECT	FED TAX	SSN	STATE TAX	SCI	VAC/HOL	HEALTH & WELF	PENSION		
			S								0										0.00	
													0	TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL		
			O								0									0.00		
													THIS PROJECT / ALL PROJECT	FED TAX	SSN	STATE TAX	SCI	VAC/HOL	HEALTH & WELF	PENSION		
			S								0										0.00	
													0	TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL		
			O								0									0.00		
													THIS PROJECT / ALL PROJECT	FED TAX	SSN	STATE TAX	SCI	VAC/HOL	HEALTH & WELF	PENSION		
			S								0										0.00	
													0	TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL		
			O								0									0.00		
													THIS PROJECT / ALL PROJECT	FED TAX	SSN	STATE TAX	SCI	VAC/HOL	HEALTH & WELF	PENSION		
			S								0										0.00	
													0	TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL		
			O								0									0.00		

Form A 1-131 (New 2-80)
Form has been reduced to fit page

S = Straight Time
O = Overtime
SDI = State Disability Ins.

* Other - Any other deductions, Contributions and/or payment whether or not included or required by prevailing wage determinations must be separately listed. Use extra sheet if necessary

CERTIFICATIONS must be completed

I,_____ , the undersigned, am_____ with the authority to act for and on behalf of _____
(name - print) (position with business) (name of business and/or contractor)
certify under penalty of perjury that the records or copies thereof submitted and consisting of _____ are the originals or true, full and correct copies of
(description, no. of pages)
the originals which depict the payroll records of the actual disbursements by way of cash, check, or whatever form to the individual or individuals names.

Date:_____ Signature:_____

Public entity may require a more strict and/or more extensive form of certifications.