

CONTRACTORS CERTIFIED PAYROLL FORM

| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> | | | | | ADDRESS | | | | | | | | | | | | |
|---|-------------------------------|-----------------------|-----------------|--|---------|----------------------|--|-----------------------|-----------------------|----------------------------------|------------------------|------------------------|--|--|-------|---|--------------------------|
| PAYROLL NO. | | | FOR WEEK ENDING | | | PROJECT AND LOCATION | | | | | PROJECT OR CONTRACT NO | | | | | | |
| (1) Name, Address, and Last four (4) digits of Social Security Number of Employee | (2) Work Classification | (3) DAY AND DATE | | | | | | (4) Total Hours | (5) Rate of pay | (6) Gross Amount Earned | (7) Deductions | | | | | (8) Net Wages Paid For Week | |
| | | | | | | | | | | | FICA | With Holding Tax | | | Other | | Total Deduct- ions |
| | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | |
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