



PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR: **ABC Contractors** CONTRACTORS LICENSE NO.: **7200A** ADDRESS: **210 Lakeview Road Sometown, CA 99999**
 OR SUBCONTRACTOR: SPECIALTY LICENSE NO.: **999-999**

PAYROLL NO.: **1** FOR WEEK ENDING: **06/30/2007** SELF-INSURED CERTIFICATE NO.: **9999-A** PROJECT OR CONTRACT NO.: **54-67-89**
 WORKERS COMPENSATION POLICY NO.: **99999-99999AA** PROJECT AND LOCATION: **Sample project for demonstration only**

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # EX	(3) WORK CLASSIFICATION	(4) DAY							(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED		(8) DEDUCTIONS, CONTRIBUTIONS, AND PAYMENTS							(9) NET WGS PAID FOR WEEK	CHECK NO.	
			Su	Mo	Tu	We	Th	Fr	Sa					FEDERAL TAX	FICA (SOC. SEC.)	STATE TAX	LOCAL TAX	OTHER TAX	OTHER* DED	TOTAL DED			
			DATE											TRAINING	FUND ADMIN	DUES	SUBS	SAVINGS	UNION	CASH			
			06/24	06/25	06/26	06/27	06/28	06/29	06/30					24.00	36.00	48.00	24.00	84.00	36.00	0.00			
(4) HOURS WORKED EACH DAY										THIS PROJECT	ALL PROJECTS												
Jane Doe 71 Pineapple Lane Sometown, CA 99999	0	Pipe Fitter	S	0	8	8	8	0	0	0	24	18.00	432.00	720.00	100.71	55.08	22.42	0.00	43.20	0.00	221.41	498.59	8100
			O	0	0	0	0	0	0	0	0	0	27.00			24.00	36.00	48.00	24.00	84.00	36.00		
John Doe P.O. Box 999 Sometown, CA 99999	0	Sheetmetal Worker	S	0	8	8	8	0	0	0	24	20.00	480.00	800.00	120.71	61.20	28.68	0.00	48.00	0.00	258.59	541.41	8106
			O	0	0	0	0	0	0	0	0	0	30.00			24.00	36.00	48.00	24.00	84.00	36.00		
John Q. Public 2300 Arena Avenue Sometown, CA 99999	2	Truck Driver	S	0	8	8	8	0	0	0	24	22.00	528.00	880.00	74.55	67.32	11.83	0.00	52.80	0.00	206.50	673.50	8118
			O	0	0	0	0	0	0	0	0	0	33.00			24.00	36.00	48.00	24.00	84.00	36.00		
John Smith 36 Mimosa Lane Sometown, CA 99999	1	Laborer	S	0	8	8	8	0	0	0	24	14.00	336.00	560.00	59.37	42.84	11.07	0.00	33.60	0.00	146.88	413.12	8125
			O	0	0	0	0	0	0	0	0	0	21.00			24.00	36.00	48.00	24.00	84.00	36.00		
			S																				
			O																				

NOTICE TO PUBLIC ENTITY

For Privacy Considerations

Fold back along dotted line prior to copying for release to general public (private persons).

I, Cory Smith, the undersigned, am the
(Name – print)

President with the authority to act for and on behalf of
(Position in Business)

ABC Contractors, certify under penalty of perjury
(Name of business and/or contractor)

that the records or copies thereof submitted and consisting of _____
(Description, Number of Pages)

are the originals or true, full, and correct copies of the originals which depict the payroll record(s)
of the actual disbursements by way of cash, check, or whatever form to the individual or
individuals named.

Date: _____ Signature: _____

A public entity may require a more strict and/or more extensive form of certification.

Payroll Certification

I Cory Smith, the undersigned, am the President
Print Name Position in Business

with the authority to act for and on behalf of ABC Contractors
Name of Business/Contractor

certify under penalty of perjury that the records commencing on 06/24/2007 and ending on 06/30/2007

submitted herein and consisting of _____ pages are the originals, full and correct documents, which depict the payroll
of Pages
 record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

- (1) That this employer has complied with the requirements of the California Labor Code Sections 1771, 1811, and 1815 for all work performed on this public works project, and that the classifications set forth therein for each trade rate conform with the work performed.
- (2) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State of California's Division of Apprenticeship Standards.

PAYROLL/ OTHER DEDUCTIONS

- 1. I herein certify the full and complete Prevailing Wages were paid as currently published and posted by the DIRECTOR of INDUSTRIAL RELATIONS, State of California and only deductions as authorized under the Laws of the State of California or the laws of the United States of America have been made from these sums.
- 2. All other deductions are clearly listed for each employee on an attachment as required by the Director of Industrial Relations, State of California.

OPTIONAL BENEFIT PLANS

I herein certify that all employee deductions for optional benefit plans are authorized and the employee(s) are signed up for the plan(s) and are receiving the benefit(s) of the plan(s) listed

WHERE FRINGE BENEFITS ARE PAID INTO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above payroll, payment of fringe benefits as listed in the contract have or will be made to appropriate programs for the benefit of such employees, except as noted below.

WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly rate plus the amount of the required fringe benefits as listed in the determination of the craft, except as noted below.

EXCEPTION (CRAFT)	EXPLANATION
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here

REMARKS:

This is a sample project for demonstration purposes only

I herein certify under the penalty of perjury all of the above is true and correct as submitted.