

CERTIFIED PAYROLL RECORD

NAME OF CONTRACTOR/SUBCONTRACTOR														CONTRACTOR'S LICENSE #/SPECIALTY LICENSE # WORKERS COMPENSATION POLICY #										
PAYROLL NO.	FOR WEEK ENDING					PROJECT NAME AND LOCATION															CONTRACT NO.			
(1)	(2) (3) OT (4) Day a					d Date					(5)	(6)	(7) Gross Amount Earned											
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	No. of W/H Exmptn	Work	or								Hour Total	Pay Rate	This	All	Federal	FICA	State Tax	SDI	VAC	Other	Total	(9) Net Wages	Check No.	
						Hours Worked Daily			TOLAT	nale	Project	Projects	Тах		olaic Tax	ODI	W/G	Other	Deduction	Paid for Week	CHECK NO.			
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