

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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