



# PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR: <b>Points North (CPW Sample Reports)</b>	CONTRACTOR'S LICENSE NO.: <b>1234567890</b>	ADDRESS: <b>371 Canal Park Drive</b>
OR SUBCONTRACTOR:	SPECIALITY LICENSE NO.: <b>9234134314</b>	<b>Santa Barbara, CA 90210</b>

PAYROLL NO.: <b>10</b>	FOR WEEK ENDING: <b>5/5/2012</b>	SELF-INSURED CERTIFICATE NO.: <b>4446790634</b>
		PROJECT OR CONTRACT NO.: <b>PR001</b>
		Stable Work 2904
		PROJECT AND LOCATION: <b>33 South Street, Santa Barbara, CA</b>

(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITH- HOLDING EXEMPTIONS	(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.
			Sun	Mon	Tue	Wed	Thu	Fri	Sat	DATE															
			4/29	4/30	5/1	5/2	5/3	5/4	5/5	HOURS WORKED EACH DAY															
			THIS PROJECT		ALL PROJECTS		FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI			VAC/HOLIDAY	HEALTH & WELF.	PENSION	TRAINING	FUND ADMIN	DUES	TRAV/SUBS.	SAVINGS	OTHER*	TOTAL DEDUC-TIONS			
Hiko, Lee  120 Jones St  Santa Barbara, CA 90210  XXX-XX-9999	3	Laborer	S	0	8	8	8	8	8	0	40	22.00			\$110.00	\$12.00	\$40.00	\$14.00	\$16.00	\$0.00	\$0.00				
		O	0	0	0	0	0	0	4	4	33.00	\$1012.00	\$1564.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$192.00	\$1372.00	12345		
Lew, Matt  84 Amburst Rd  Santa Barbara, CA 90210  XXX-XX-2222	1	Operator	S	0	8	8	8	8	8	0	40	22.00			\$150.00	\$21.00	\$52.00	\$12.00	\$22.00	\$0.00	\$0.00				
		O	0	0	0	0	0	0	4	4	33.00	\$1012.00	\$2088.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00	\$0.00	\$268.00	\$1820.00	12346		
Ritz, Jes  41 Cattail Lane  Santa Barbara, CA 90210  XXX-XX-3333	5	Electrician	S	0	4	0	0	0	0	0	4	20.00			\$180.00	\$20.00	\$41.00	\$0.00	\$15.00	\$0.00	\$0.00				
		O											\$80.00	\$1500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$256.00	\$1244.00	12347		
Wacki, Bill  10 Wards Rd  Santa Barbara, CA 90210  XXX-XX-4444	3	Laborer	S	0	8	2	0	0	0	0	10	16.00			\$20.00	\$2.00	\$5.00	\$0.00	\$12.00	\$0.00	\$0.00				
		O											\$160.00	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39.00	\$461.00	12348		

S = STRAIGHT TIME  
O = OVERTIME  
SDI = STATE DISABILITY INSURANCE

\*OTHER - Any other deductions, contributions and/or payments whether or not included or required by prevailing wage determinations must be separately listed. Use extra sheet(s) if necessary

CERTIFICATION **MUST** be completed  
(See instructions)

**NOTICE TO PUBLIC ENTITY**  
**For Privacy Considerations**

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

(Paper Size then 8-1/2 x 11 inches)

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

Owner with the authority to act for and on behalf of  
(Position in business)

Points North (CPW Sample Reports), certify under penalty of perjury  
(Name of business and/or contractor)

that the records or copies thereof submitted and consisting of 2 pages  
(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: 8/20/2012 Signature: \_\_\_\_\_

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