

CITY OF LOS ANGELES PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR <input type="checkbox"/> Prime <input type="checkbox"/> Subcontractor	CONTRACTOR'S LICENSE #	ADDRESS	PHONE NO.:
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PAYROLL NUMBER	FOR WEEK ENDING:	PROJECT OR CONTRACT NAME	OCC FILE NO.:
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EMPLOYEE NAME SOCIAL SECURITY NUMBER & ADDRESS	ETHNICITY**/ GENDER	MARITAL STATUS & # OF DEPEND- ENTS	WORK CLASSIFICATION	Date & Day							Total Hours	Total Pay Rate*	GROSS AMOUNT EARNED		DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS								Net Wages Paid For Week	Check Number
				Mon	Tue	Wed	Thu	Fri	Sat	Sun														
				Hours Worked Each Day																				
			S										This Project	All Projects	FEDERAL INCOME TAX	FICA (SOC. SEC.)	STATE INCOME TAX	SDI	VAC/HOL.	HEALTH & WELFARE	PENSION			
															TRAINING	FUND ADMIN.	DUES	TRV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUC- TIONS			
			S										This Project	All Projects	FEDERAL INCOME TAX	FICA (SOC. SEC.)	STATE INCOME TAX	SDI	VAC/HOL.	HEALTH & WELFARE	PENSION			
															TRAINING	FUND ADMIN.	DUES	TRV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUC- TIONS			
			S										This Project	All Projects	FEDERAL INCOME TAX	FICA (SOC. SEC.)	STATE INCOME TAX	SDI	VAC/HOL.	HEALTH & WELFARE	PENSION			
															TRAINING	FUND ADMIN.	DUES	TRV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUC- TIONS			
			S										This Project	All Projects	FEDERAL INCOME TAX	FICA (SOC. SEC.)	STATE INCOME TAX	SDI	VAC/HOL.	HEALTH & WELFARE	PENSION			
															TRAINING	FUND ADMIN.	DUES	TRV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUC- TIONS			

* Hourly pay rate should reflect Fringe Benefit amounts paid to employees or trusts

** 0-Caucasian, 1-African-American, 2-Asian/Pacific, 3-American Indian, 4-Hispanic, 5-Other