

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 DEPENDENTS	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					This Project		All Projects		FEDERAL INCOME TAX	FICA (SOC. SEC.)	STATE INCOME TAX	SDI			VAC/HOL.
				Hours Worked Each Day									This Project		All Projects		TRAINING	FUND ADMIN.	DUES	TRV/ SUBS.	SAVINGS	OTHER*			TOTAL DEDUC- TIONS
			S																						
			O																						
			S																						
			O																						
			S																						
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* 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