California Department of Industrial Relations

PUBLIC WORKS PAYROLL REPORTING FORM

Page of

NAME OF CONTRACTOR OR SUB CONTRACTOR | CONTRACTORS LICENSE # SPECIALTY LICENSE # | ADDRESS

PAYROLL NO. | FOR WEEK ENDING

CPR #1 MUST include 6/29/11

SELF-INSURED CERTIFICATE #

WORKERS' COMPENSATION POLICY #

PROJECT OR CONTR

CS-00-0000-00

PROJECT AND LOCAT

Technologies Build

Note: These page no's MUST BE in correct sequence on each page.

(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) Day M T W TH F S S Date / Hours W	(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED THIS PROJECT	(7) GROSS AMOUNT EARNED ALL PROJECTS	DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS							NET WGS PAID FOR WEEK	CHECK NO.
								FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VAC/ HOL	HEALTH & WELF	PENSION		
								TRANING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DED-		
			S													
			S			THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI		& WELF			
								TRANING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DED-UCTIONS		
						THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VAC/ HOL	HEALTH & WELF	PENSION		
								TRANING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DED-UCTIONS		
						THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VAC/ HOL	HEALTH & WELF	PENSION		
			O					TRANING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DED-UCTIONS		

MUST LIST FULL SSN!

MUST MATCH WAGE DETERM DISCRPTION AND NO ABBREVIATIONS * SEE COMPLIANCE PKT FOR DETAILS

Do NOT include fringe benefits in base rate unless cash pay !!

NOTE: Hours x rate MUST = Gross amount earned

* Explain "other" at bottom of form

1) Be sure to fill out Certification at bottom of form. DO NOT alter wording.

Need WET signature in BLUE ink, each page.

2) **Project name and No are Pre-printed.** Be sure all other information on top of form is entered, including Specialty Lic No, where applicable.

Form A 1-131 (New 2-80)
(form has been minimized to fit page)

S = Straight T
O = Overtime
SDI = State D ity Insurance

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

CERTIFICATION must be completed

Note: no of pages HERE must be the TOTAL no of pages

I, _____ (Name - Print), undersigned, am _____ (position with b) on behalf of _____ (name of business and/or contractor),

certify under penalty of perjury that the records or cop of submitted and consisting of _____ (description, no. 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, ch ,or whatever form to the individual or individuals named.

Date: _____ Signature: _____