

NAME OF CONTRACTOR OR SUBCONTRACTOR				ADDRESS _____ CITY, ST, ZIP _____				PROJECT OR BID # _____ PAGE # _____ OF _____			
PHONE # _____		FAX # _____		PAYROLL # _____		FOR WEEK ENDING _____		PROJECT LOCATION _____			

OFFICE OF THE AUDITOR

(1) NAME, ADDRESS SOCIAL SECURITY NUMBER AND TELEPHONE NUMBER OF EMPLOYEE	(2) WORK CLASSIFICATION	(3) DAY AND DATE							(4) TOTAL HOURS	(5) STRAIGHT OR OVERTIME RATE	(6) HOURLY CASH PAYMENT IN LIEU OF FRINGE	(7) GROSS AMOUNT EARNED		(8) DEDUCTIONS <small>(BASED ON GROSS AMOUNT (ALL PROJECTS) EARNED)</small>						(9) NET WAGES PAID FOR WEEK	(10) CHECK #
		S M T W T F S										THIS PROJECT	GROSS CHECK	FED TAX	FICA (SOC SEC)	STATE TAX	HEAD TAX	TOTAL DEDUCTIONS			
		HOURS WORKED EACH DAY																			
Name _____ Address _____ City, St, Zip _____ SS# _____ Telephone _____		S																			
Name _____ Address _____ City, St, Zip _____ SS# _____ Telephone _____		O																			
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Name _____ Address _____ City, St, Zip _____ SS# _____ Telephone _____		O																			

NAME OF PREPARER \_\_\_\_\_  
SIGNATURE \_\_\_\_\_