CITY OF LOS ANGELES PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR OR SUBCONTRACTOR									CONTRA		LICENSI	E # License #	<u> </u>	ADDRESS 2378 Dane Hill Road West Charleston, CA 05872										PHONE NO: Phone:	888-348-28	348-2877
PAYROLL NUMBER	FOR WEEK EN			T NAME: OCC FILE NO: ss} Project Number Change Order Testing Project Street Address Project City, VT 05872 CPS->Linked Data->Jobs->Fed Pr CPS->																						
1	1/3/	/2004	{QB Job Ship To Addre	ss} Pr	oject Nu	ımber Cha	.,	der Test DAY	ting Pro	ect Stre	eet Addre	ess Projec	t City, VT 0	5872							CPS->Linke	d Data->Job	s->Fed Pr CPS	->Linked Data	->Jobs->St	Pr
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SOCIAL SECURITY NUMBER	Gender	EXEMPTIONS	WORK		12/28	12/29		12/31		1/2	1/3	TOTAL	RATE	THIS	Al				DEDUCTI	ONS, CONTRI	BUTIONS AN	ID PAYMENT	S		PAID F	
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Laura B. Laborer PO Box 798	0 Female			s	0	0	0	0	0	2	0	2	\$ 22.50			-	\$ 10.00	MCARE \$ 4.79	FICA \$ 20.46	ST TAX	\$ 3.89	VAC/HOL	HEALTH/WELF	PENSION \$ 120.00		
West Charleston, CA 02345	remale	3	Laborer, Semi-Skilled	D		0	U	U	- 0		U		\$ 22.30	\$ 45.00	\$ 3	30 00	TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM	\$	260.86
002-55-1234				0													\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30.00		1005		
Mark L. Mason	3																FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION		
PO Box 888	Male			S		0	0	0	8	8	0	16	\$ 26.20				\$ 188.00	\$ 15.20	\$ 64.98				\$ -	\$ -		
Derby, CA 02345 004-66-9987		0	Brick Layer	D O							\$ 628.80	\$ 1,0	\$ 1,048.00	¢ TRAINING	TRAINING FUND ADMIN DUES TRV/SUB		\$ -	SAVINGS OTHER TOTAL D \$ - \$ 75.00 \$ 410			CHK NUM	\$	637.33			
Sam L. Supervisor	1																FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION		
177 Main Street	Male			S		0	4	4	4	2	0	14	\$ 65.00			Ī	\$ 465.00	\$ 37.70	\$ 161.20	\$ 153.96	\$ 30.68	\$ -	\$ -	\$ 120.00]	
West Charleston, CA 02345		2	Supervisors	D										\$ 910.00	\$ 2,6		TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM	\$ 1,	,721.46
010-22-3345				0													\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30.00		1007		
Tammi T Trucker Route 111	1 Female			s	0	4	0	0	0	0	0	4	\$ 25.00			- 1	\$ 147.00	MCARE \$ 14.50	FICA \$ 62.00	\$T TAX \$ 22.88	\$ 11.80	VAC/HOL	HEALTH/WELF	\$ 120.00		
Derby, CA 05887	remale	m-3	Truck Drivers	D		4	-	0	0	0	U	- 4	\$ 23.00	\$ 100.00	\$ 1.0	00.00	TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM	\$	711.82
077-05-6698				0										,			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30.00	_	1008		
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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 Islander, 3=American Indian, 4=Hispanic, 5=Other

S = Straight time

O = Overtime

D = Doubletime

^{*} 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 if necessary.