

PUBLIC WORKS PAYROLL REPORTING FORM

Los Angeles County Metropolitan
 Transportation Authority
 HC347 (MTA LC FORM A1)

NAME OF CONTRACTOR:	CONTRACTOR'S LICENSE #	ADDRESS
OR SUBCONTRACTOR <input type="checkbox"/>	SPECIALTY LICENSE #	

PAYROLL NO.	FOR WEEK ENDING:	EMPLOYER FEDERAL ID NUMBER:	PROJECT OR CONTRACT #
PROJECT LOCATION			

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITH HOLDING EXEMPT	(3) WORK CLASSIFI- CATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED		(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS							(9)	
			SUN	MON	TUES	WED	THU	FRI	SAT			THIS PROJECT	ALL PROJECTS	FED TAX	FICA SOC SEC	STATE TAX	SDI	VAC/ HOL	HEALTH WELF	PEN.	NET WAGES PAID FOR WEEK	CHECK NO.
			HOURS WORKED EACH DAY												FUND ADMIN	DUES	TRAV/ SUBS	SAVING	OTHER	TOTAL DEDUCT.		
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S=STRAIGHT TIME O=OVERTIME SDI=STATE DISABILITY INSURANCE