



# PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR: <b>Points North (CPW Sample Reports)</b>	CONTRACTOR'S LICENSE NO.: <b>1234567890</b>	ADDRESS: <b>371 Canal Park Drive</b>
OR SUBCONTRACTOR:	SPECIALITY LICENSE NO.: <b>9234134314</b>	<b>Santa Barbara, CA 90210</b>

PAYROLL NO.: <b>10</b>	FOR WEEK ENDING: <b>5/5/2012</b>	SELF-INSURED CERTIFICATE NO.: <b>4446790634</b>
		PROJECT OR CONTRACT NO.: <b>PR001</b>
		Stable Work 2904
		PROJECT AND LOCATION: <b>33 South Street, Santa Barbara, CA</b>

(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITH- HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY							(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED		(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS							(9) NET WGS PAID FOR WEEK		CHECK NO.
			Sun	Mon	Tue	Wed	Thu	Fri	Sat														
			DATE																				
			4/29	4/30	5/1	5/2	5/3	5/4	5/5														
HOURS WORKED EACH DAY																							
Hiko, Lee  120 Jones St  Santa Barbara, CA 90210  XXX-XX-9999	3	Laborer	S	0	8	8	8	8	8	0	40	22.00	THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION	\$1372.00	12345
		O	0	0	0	0	0	0	4	4	33.00	\$1012.00	\$1564.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Lew, Matt  84 Amburst Rd  Santa Barbara, CA 90210  XXX-XX-2222	1	Operator	S	0	8	8	8	8	8	0	40	22.00	THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION	\$1820.00	12346
		O	0	0	0	0	0	0	4	4	33.00	\$1012.00	\$2088.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.00		
Ritz, Jes  41 Cattail Lane  Santa Barbara, CA 90210  XXX-XX-3333	5	Electrician	S	0	4	0	0	0	0	0	4	20.00	THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION	\$1244.00	12347
		O												\$80.00	\$1500.00			\$0.00	\$0.00	\$0.00	\$0.00		
Wacki, Bill  10 Wards Rd  Santa Barbara, CA 90210  XXX-XX-4444	3	Laborer	S	0	8	2	0	0	0	0	10	16.00	THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION	\$461.00	12348
		O												\$160.00	\$500.00			\$0.00	\$0.00	\$0.00	\$0.00		

**NOTICE TO PUBLIC ENTITY**  
**For Privacy Considerations**

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(Paper Size then 8-1/2 x 11 inches)

I, John Smith, the undersigned, am the  
(Name – print)

Owner with the authority to act for and on behalf of  
(Position in business)

Points North (CPW Sample Reports), certify under penalty of perjury  
(Name of business and/or contractor)

that the records or copies thereof submitted and consisting of 2 pages  
(Description, number 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, check, or whatever form to the individual or individuals named.

Date: 8/20/2012 Signature: \_\_\_\_\_

A public entity may require a stricter and/or more extensive form of certification.